V. S. No. 1

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Ha)
County Anne Abundel	Registrațion Dist. No. 21
Village or Cime Annapolis	No. South Perrer St., Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. it of foreign birth? yrs mos ds.
2. FULL NAME Offed Q. Aldon	
	St., Ward.
(a) Residence: No. Stulle I two (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Warred The arried of the second	21. DATE OF DEATH Way 31 (Pay) (193 2 (Year)
5a. If married, widowed, or divotced . HUSBAND of	22. A LINERERY CERTIFY. That Lattended deceased from
(or) WIFE of Ladu Aldonew	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov-284 1873	I last saw he full alive on My 07. 30 1, 19.3 2; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, &
58 6 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, Therman one SAWYER, BOOKKEEPER, etc.	acute Millo Ca a lete:
9. Industry or business in which work was done, as SILK MILL,	Dwarff : loss the a an Il.
SAW MILL, BANK, etc	Carl G
year) oecupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) DUNEU - Truland (State or country)	Plurity Mouth
	treated at John Hope
14. BIRTHPLACE (city from) Finland	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mulonown	23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Nullmown 16. BIRTHPLACE (city or town) Mukewown (State or country)	Accident, sulcide, or homicide?, 19, 19, 19, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT A adu Medoner	Specify whether injury occurred in IMDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balta Date June 3, 1932	Nature of injury
19. UNDERTAKER to her my Step by Christians.	24. Wes disease er injury in eny way related to occupation of deceased?
20. F1 (20 3/ , 1932 flagh C, g & neg	(Signed) (Address) Resignation M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier, morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	987
1. PLACE OF DEATH		95%	
County W.	6 0:	Registration Dist. No.	7
Village or City	nopolis	No. 114 Calvert St.,	Ward
Length of residence in city, when wh	1.70	death occurred to he haspital or institution, give its NAME instead of street and	
2. FULL NAME	att all	amv.	
(a) Residence: No. 714	alvert.	St., Ward,	
	(Usual place of abode)	If nonresident give city or town an	d State
	ISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	., 198 2 (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	allen	22. I HEREBY CERTIFY, That I attended 1932 to Mas 25	d deceased from
S. DATE OF BIRTH (month, day, and year)	her- 215- uhl	I last saw h with alive on Mac 25 193	death is said
AGE Years Months		The tava occurred on the data stated above, at //. SOP_m.	
68	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER	- taking	Cisterios layer cardio.	7/3
SAWYER, BOOKKEEPER, etc 9. Industry or business in which	n	Vascular areae	1920
work was done, as SILK MILL, SAW MILL, BANK, etc	Mary Sand.		
this occupation (month and	11. Total tima (years) spant in this		
year) a druf a	Yeass (occupation	Other Coutributory Causes of importance:	2 20
R. BIRTHPLACE (city or town) (State or country)	arrell md.	- Mensia	My 23
13. NAME Portons	Jallon -		
14. BIRTHPLACE (city or town)	ustavelle.	Name of operation Publ Date of	ans
(State or country)	. Co. Co. Md.,	What test confirmed diagnosis? Was there an	autopsy? 2
15. MAIDEN NAME	Ruese.	23. If death was due to external causes (VIOL ENCE) fill in also tha following	ng:
16. BIRTHPLACE (city or town)	Inknows.	Accident, suicide, or homicide? Data of injury	, 19
(State or country)	PA COLONY !	Where did injury occur?(Specify city or town, county and St	ate)
7. INFORMANT CAMP	alvert. St.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	D ~ may 29. 22	Manner of injury	
Place Place	0 2 / 1/1902	Nature of injury.	7,
19. UNDERTAKER _ / / / / / / / / / / / / / / / / / /	lis ma	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED hay 2 7 , 19/2	Registrar.	(Signed) Alberth Wallson (Address) Runage, W.	M, D
If:	more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	and south
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

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S. No. 1

OCCUPA-

STATE OF	MARYLAND—CERTIFICATE OF DEATH	04988

	1. PLACE OF DEA	тн			159	
	County Anne	Arunde	1		Registration Dist. No.	
	Village or City	Anapo	lis		No. 88 Main st,	Ward
	Length of residence in c	ity or town where	leath occurred		death occurred in a hospital or institution, give its NAME instead of street and nu. ds. How long in U.S. it of foreign birth?	
	2. FULL NAME					»
			in Stre		St. 2nd Ward.	
	(a) Residence: No.	00 1018	(Usual place		St., Silve Ware. If nonresident give city or town and S	State
300000	PERSONAL AN	D STATIST	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	Si i	or or race	OR DIVORCE	REED, WIDOWED, D (write the word)	21. DATE OF DEATH May (Month) (Day)	193 2 (Year)
5a	tf married, widowed, or dive	orced				
	(or) WIFE of				delivered bothy to May 13	eceased from
6.	DATE OF BIRTH (month, da	v. end vear) Ma	y 12. 1	932	1 last saw h. m. alive on May 92, 1932	death is said
	AGE Years	Months	Deys	If LESS than	to heve occurred on the date stated above, at 19.15 pm.	
				or 45 min.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
Z	8. Trade, profession, or p	8. Trade, profession, or perticular kind of work done; as SPINNER. None			0.	
ATIO	SAWYER, BOOKKEE	EPER, etc	1/0116		Fremature - gestation	
OCCUPATION	work was done, as SAW MILL, BANK,	SILK MILL, etc			5th Monch of felations	
20	Date deceased last wo	rked at		ime (years) nt in this	/	
_	year)		061	upation	Other Coutributory Causes of importance:	
12	BIRTHPLACE (city or town)	Annar	olis,			
00	(State or country)	- L 17 3	Mo	L.		
FATHER		rt Almad		7 3		
FAT	14. BIRTHPLACE (city or to (State or country)	own) Phill	lpine i	slands	Name of operation Deta of	
2	15. MAIDEN NAME	Hazel H	Iall		What test confirmed diagnosis? Was there an au	
MOTHER	16. BIRTHPLACE (city or to				23. If death was due to externat causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury	
MO	(State or country)	owu) 1/1-7-1-1	Va.		Where did Injury occur?	, 13
17	INFORMANT Cathe	erine De	Guzmar		(Specify city or town, county and State Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	B. BURIAL, CREMATION, OR I	REMOVAL		2412 675	Manner of injury	
	Place Cedar	Bluii	Date Ma.	14th, 32	Nature of injury	
19		hn M. Ta			24. Wes disease or injury in any way related to occupation of deceased?	no
20	FILEDMAY 1.3	1932 /20	76 c. g	7 Ca mol	(Signed) George Company (Address) Ausopolio Md	M. D.
-		If more	blanks are manded	address State Paris	A Challes and Palis Paris N	-

15 more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	xample T		Example II	
The principal cause of dea of importance were as foll	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	11 N 7 1022	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURRAY V	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCCPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLAIN	mation should be	CAUSE OF DEA	TION is very imp

V. S. No. 1 200 ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	U 4 0 0 0
0 01	21
County a a	Registration Dist. No.
Village or City amapoles one	No. Cheent Court St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U. S. if of foreign birth? 6.0 yrs. mos. ds.
2. FULL NAME (marines. J.	anderson
(a) Residence: No. / 6 Comunical County (Usual place of abode)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May By 193 2
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF A. ARON M	22. HEREBY CERTIFY, That attended deceased from
tor WIFE of y- Most. a. anderson.	4 Mag 1932 10 24 may 1032
6. DATE OF BIRTH (month, day, and year) July 21-1854	Hast saw h lufu alive on M May 19 32 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 f. m.
To day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows:
Trade, pfofession, or particular kind of work done, as SPINNER, Reliard NawYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation of month and the same this occupation of month and the same this sociation of the same that is the same than the same than the same than the same transfer of	Caremonia of head of
9. Industry or business in which work was done, as SILK MILL, OA _ & NOW	Pameneas 1
SAW MILL, BANK, etc. // 0/4	
O 10. Date deceased last worked at this occupation (month end / 92 / spant in this occupation occupation	
1/201/211	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) October (State or country)	411
	folls line of thelen
13. NAME 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operationDate of
(State or country) Uniferiors	What test confirmed diagnosis? Placed Syaw Was there en au: opsy? Hu
15. MAIDEN NAME Whitmoren	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?, 13
D. C. G. L.	(Specify city or town, county and State)
17. INFORMANT IF THE COMMENTS	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (6 (Muercal Court Mogration	
18. BURIAL, CREMATION, OR REMOVAL Place Novel and Date Ducy 27, 1932	Manner of Injury
Place /V oval dancery Date Outry 21, 19	Nature of injury
19. UNDERTAKER B & Hoper 9	24. Was disease or Injury in eny way related to occupation of deceased? #
(Address) an apollo on.	If so, specify
20. FILED MAY 26, 19 3/2 & - 16 c. Any 4 246	(Signed) Jonathan E. Henry M. D.
Registrat.	(Address fillet linge Many 9
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore Accompany (S. Noffer Police m)

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1	Example II	
te of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of cpilepsy	1 week ago
1921	Run over by street car	1 week ago
ly5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
ay 1,1923	Gastroenteritis	1 year
	y 1,1923	

B.—WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH

:	I. PLACE O	F DEATH				(34)			
	County	Anne Aru	ndel			Registration Dist. No. 2	f		
	Village or (Cityidence in city or town		7	e State	f death, occurred in a hospital or institution, give its NAME instead of street and r	Ward		
	. FULL NA	ME	Thoma	as H.	Bond				
	(a) Resider				City, Ma	ry Bb, nd Ward. If nonresident give city or town and	State		
phone	PERSON	NAL AND STA	TISTICA	L PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3,	male	4. COLOR OR RAG		SINGLE, MAP OR DIVORCE Se par	REED, WIDOWED, D (write the word)	21. DATE OF DEATH May 5th (Month) (Day)	, 193 2 (Year)		
58	If married, widow HUSBAND of (or) WIFE or	ved, or divorced Unkn	own			22. I HEREBY CERTIFY, That I attended Jul. 31 ,19 30 ,to May 5th			
	DATE OF BIRTH	(month, day, and year	. 19	907		last saw h im alive on May 5th 19 32			
-	AGE Yes	ars Mon	A	Days	If LESS than I day,hrs.	to have occurred on the date stated above, at 4:50Pm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	J death is said		
LION	8. Trade, profession, or particular kind of work done, as SPINNER, Painter SAWYER, BOOKKEEPER, etc.					Acute encephalitis	Date of onset 5 das		
OCCUPATION	Work wa	business in which s done, as SILK MILL LL, BANK, etced last worked at	·•	l 11 Tabel	ima (uass)				
ŏ	this occu	pation (month and		spa oes	time (years) nt In this upation				
12	BIRTHPLACE (ci	.,,	Maryl	and		Other Contributory Causes of Importance: Syphilis			
ER	13. NAME	Ed. Bon	d						
FATHER	14. BIRTHPLACE	E (city or town)	Mary	land		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
ER	15. MAIDEN NA	ME Oliv	ia Cu	ffv		23. If death was due to external causes (VIOL ENCE) fill In also the following			
MOTHER	16. BIRTHPLACE (State of		20	land		Accident, sulcide, or homicide?	, 19		
17	, INFORMANT (Address)	Ho spit Crown	al Re	cords e. Ma	ryland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	e) NCE.		
18	BURIAL, CREMAT	TION, OR REMOVAL	*	Date Muy	9th ,1982	Manner of injury			
-	UNDERTAKER (Address)	6 1952	Davels Francis	Had hele	distand	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)	/3 M.D		
		1	If more blan	ks are needed,	Registrar. address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. METYlan	d		

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 04991
1. PLACE OF DEATH	(93-7)
County a.a.	Registration Dist. No. 27
Village or City apole (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 42yrs. semos.	ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Eligabilli S.	Booker.
8 1 1 1 1 1 1 1 1 1	St Ward.
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX SCOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	3 /8 ,193 2
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND (or) WIFE	22. I HEREBY CERTIFY, That I attended deceased from
John 1 May	apr. 10 19.32, to May 18 , 19.32
6. DATE OF BIRTH (month, day, and year) Rec 6-1989	I last saw h alive on Muss_ 1.5, 19, death is seid
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at
42- 5 /2 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular	Thustasile as Delalah
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Deast
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Mustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	6 G - 4
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) and aprile one	Choliciphila
(State or country)	6 /
14. BIRTHPLACE (city or town) St Oncasher, one	
14. BIRTHPLACE (city or town) At Oncacher, one	Nemo of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Bestle, E. h) eaver 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (Stete or country) a accomp	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John P Brady	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) anapolit and	••••••
18. BURIAL, CREMATION, OR REMOVAL PIECE A Date May 21, 1932	Manner of injury
Plece Date One 19	Nature of injury
19. UNDERTAKER B I I opposite	24. Was disease or injury in any way related to occupation of deceesed?
(Address) ann aprilet on	If so, specify
20. FILEdling 20, 1932 Joseph e. fry cs 50	(Signed) M.D. M.D.
Registrar.	(Ardress) Karapan h

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	d dispersion	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage -	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

PHYSICIANS should state

Exact statement of OCCUPA.

item of infor-

~~ ~ ~ ~	OF	MADVI	ANID	CERTIFIC	TATE		DE	ATI
		MARYI	$\Delta NIII$	CERLIFIC	ALF			Δ I \vdash
				OFIVE IN	J/ \	U 1		

0499%

Richardoor

1. PLACE	OF DEATH	O	(11E)	
County	a- 1	α – .	Registration Dist. No.	21
Village of	r CityPar	., ,	No	
Length of	residence in city or town whe	re death occurred 3 / yrsmos	ds. How long in U.S. If of foreign birth?yrs.	d
2. FULL N	IAME JOSEF	h REEd Brown	— St., — Ward	
(4) 110010		(Usual place of abode)	If nonresident give city o	r town and State
PERSO	NAL AND STATIS	STICAL PARTICULARS	MEDICAL CERTIFICATE OF D	EATH
Mala Mala	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH 5 (Month) /3	, 193 35
5a. If married, wid HUSBANO o (or) WIFE of	dowed, or divorced	Carried Brown		attended deceased
	'H (month, day, and year)	apr. 14, 1899	I last saw h. Assertative on	, 19 32 ; death is sa
33 +	Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	rtance Date of one
8. Trade, pr kind SAWY 9. Industry	ofession, or particular # of work done, as SPINNER, 'ER, BOOKKEEPER, etc	Chauffer	Carte Sudiaeston	Date of one
9. Industry work SAW	or business in which was done, as SILK MILL, MILL, BANK, etc	_ / Y _		
SAW 10. Date dec this o year)	eased last worked at Compation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (State or o		hinglon	Other Contributory Causes of importance:	
13. NAME	Joseph	Boun		
14. BIRTHPL	ACE (city or town)	mafiolis	Name of operation	Date of
15. MAIDEN	NAME Edize	byth Walker	23. If death was due to external causes (VIOLENCE) fill in also t	
	ACE (city or town)	Vashington DE.	Accident, suicide, or homicide? Date of Inj Where did injury occur?	
7. INFORMANT _ (Address)	Joseph	Brown arole md.	(Specify city or town, cou Specify whether injury occurred in INOUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
8. BURIAL, CREM	AATION, OR REMOVAL	End Oate 5 15 ,1932	Manner of Injury	
19. UNDERTAKER (Address)	& HB 4	arker- hinglon St	24. Was disease or injury In any way related to occupation of de	ceased? hs
20. FILEDMA	7-14 1932 9	Registrar.	(Signed) (Address) 55 - Colour St.	G. Q

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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of importance were as follows: Arteriosclerosis Chronic interstitial nephritis of importance were as follows: 1915 Attack of epilepsy 1 week 1921 Run over by street car 1 week	1915	of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1921 Run over by street car 1 week Cerebral hemorrhage July 5,1927 Peritonitis 3 days			
Cerebral hemorrhage July 5,1927 Peritonitis 3 days	1921	Down away has atmost can	
JUN 4		Kun over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Other contributory causes of importance:			
		Other contributory causes of importance:	
Gallstones May 1,1923 Gastroenteritis 1 yes	Iay 1,1923	Gastroenteritis	1 year
Gallstones M			Other contributory causes of importance:

B.-WRITE

should state OSCUPA.

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item of infor-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	.0	6	12	=7
1	4	4	3	3
0		40	-	-

1. PLACE OF DEATH		(131)		
County Anne Arunde	1		Registration Dist. No.	21
Village or City Anapol		No.	NAME	St.,Wa
Length of residence in city or town where		(If death occurred in a hospital or institution of the control of	lution, give its NAME instead of stre	eet and number)
2. FULL NAME Mary C.	Bryan			
	Conduit Street (Usual place of abode)	St., 2nd Ward.	If nonresident give city or to	wn and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEA	тн ,
S. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH	May 2+,	+ .152 (Year)
ia. It married, widowed, or divorced HUSBAND of (or) WIFE of William M.	Byran	22. IHEREB	Y CERTIFY, That I at	
S. DATE OF BIRTH (month, day, and year)	eptember 16, 18	5 1 last saw h alive on	May 24 ,	9321; death is s
. AGE Years Months	Days It LESS than	to have occurred on the date sta	ted above, at \$30 Pm.	
80 8	8 l day,hrs	The PRINCIPAL CAUSE OF DEA	ATH and related causes of important	Date of ons
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewife	Phonic :	Myorardit	6 192
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	heart		
6. DINITIE LACE (VIL) VI LUMII)	h River unty. Md.	Other Coutributory Causes of imp		Kun
13. NAME Ned Denver				
14. BIRTHPLACE (city or town) A • A (State or country)	. County, Md.	Name of operation	Da	te of
15. MAIDEN NAME Catherine	Kernee		auses (VIOLENCE) fill in also the fo	
15. MAIDEN NAME Catherine 16. BIRTHPLACE (city or town) (State or country)	A. County, Md.		Date of injury.	, 19
7. INFORMANT William M. (Address) 161 Condui	Byran t Street	Specify whether injury occurred	(Specify city or town, county a in INDUSTRY, in HOME, or in PUB	
18. BURIAL, CREMATION, OR REMOVAL Place Cedar Bluff	Date. May 27, 1932	Manner of injury		
9. UNDERTAKER John M. Tay (Address) Annapolis		24. Was disease or Injury in any If so, specify	way related to occupation of deceas	ed? N O
20. FILED 12 6 , 19 3 2 8	Registrar.	(Signed) Wallers (Address)	A Haypuns	ns. M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH					(207-7m)	
County Anne Arundel					Registration Dist. No. 27	
	Village or City For	t George	G. Meade		No St.,	Ward
					death occurred in a hospital or institution, give its NAME instead of street and numbe 25_ds. How long in U.S. If of foreign birth?yrsmos:	
2	. FULL NAME S	amuel Bur	zess			
				ade Md.,	St., Ward	
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Male Colored Single					21. DATE OF DEATH May 2 , 193 (Month) (Oay) (Oay)	2
Male Colored Single 5a. If married, widowed, or divorced					(Month) (Oay) (Year)
	HUSBANO of (or) WIFE of				22. I HEREBY CERTIFY, That I atlended decea	
						126
_	6. DATE OF BIRTH (month, day, and year) December 18, 1900				I last saw h_im_alive on May_2,19_32; dea	th is sai
7.	AGE Years 31	Months 4	0ays	If LESS than 1 day, hrs.	to have occurred on the date stated above, al. 12:50 nA.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	8. Trade, profession, or particular				wera as follows:	e of onse
0	kind of work dona,	as SPINNER, c	oldier		Accidently struck by railroad train Fracture of skull, multiple Me	y 2
9. Industry or business in which					Fraccure of skull, multiple	×
CUF	work was done, as SILK MILL, U.S.Army					
00				ime (years) nt in this 7 72		
year) May 1932 occupation 13				upation	Other Contributory Casses of importance one	
12. BIRTHPLACE (city or town) Pensacola, (State or country) Florida				ida		
ER	13. NAME unkno	wn.				
FATHER	14. BIRTHPLACE (city or to	unkno	m	1-07-1-1	Name of operation None Date of	
(State or country)					What test confirmed diagnosis? Clinical Was there an au'ops	y Yes
MOTHER	15.5MANBEN NAME I	aura Long			23. If death was due to external causes (VIOLENCE) fill in also tha following:	
011	16 PENCEPTRASSICATION or to (State or country)	wn) Addres	s: Quinc	У	Accident, suicide, or homicide?Accident_ Oate of injury_May_2,	193.2
Σ	(State or country)			Florida	Where did injury occur? Fort George G. Meade, Md. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT (Service Record) (Address) U.S.Army					Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public place	
18	BURIAL, CREMATION, OR I				Manner of injury Accidently struck by R.R. tra	in
	Place Cottonda	le, Fla.	Oate_May	3, 1\$2	Nature of injury Fracture of skull, multiple	
19	UNDERTAKER W. C.	White, C	o., Inc.	,	24. Was disease or injury in any way related to occupation of deceased? NO.	
	(Address) L	aurel, Ma	ryland		If so, specify	1
20	FILED May 3	19 72 7	200		(Signed) ELI E. BROWN, Major, M	GM.
	BITT	BROWN	, Major,	M . C Registrar.	(Address) FCRT GEORGE G. MEADE, Md.	·

mation should be carefully supplied. AGE should be -WRITE PLAINLY

should state of infor

PHYSICIANS

stated EXACTLY. be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Exact statement

IS A PERMANENT RECORD. Every

RGIN RESERVED FOR BINDING

THIS-

UNFADING INK-

Case reported to the bureau of the Census.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	دويتما		

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact THE UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING WRITE PLAINLY, W V. S. No. 1

Registration Dist. No. St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Year) (Month) (Day) (Year) (I HEREBY CERTIFY, That I attended the deceased from 1932, to May 23, 1932, at I last saw h alive on 1922, at I had death occurred on the date stated above, at 44, m. are CAUSE OF DEATH * was as follows:
a hospital or institute tion, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) (Year) (I HEREBY CERTIFY, That I attended the deceased from 1932. to May 15 1932, at I last saw her alive on May 15 1932, at I death occurred on the date stated above, at 4 4 m. m. are CAUSE OF DEATH * was as follows:
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 1932 to May 23 , 1932, at I last saw her alive on May 15 , 1932, at that death occurred on the date stated above, at 4 , m. ne CAUSE OF DEATH * was as follows:
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from 193 × to May 73, 193 2, at I last saw her alive on May 15 4, 192 2, and that death occurred on the date stated above, at 4 4 m, m, as CAUSE OF DEATH * was as follows:
I HEREBY CERTIFY, That I attended the deceased from April 17 1932 to May 23 , 1932 at I last saw her alive on May 15 , 1932 at that death occurred on the date stated above, at 4 ar man ce CAUSE OF DEATH * was as follows:
nd that death occurred on the date stated above, at 4 4 m.
Cardiac Wellina
(Duration) yts. mos. ds. Contributory Secondary (Duration) 4 yts. mos. ds.
*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
t place death yrs mos ds, State yrs des, ds,
not at place of dea.h?
woodlawn Gem. May 28, 1930
t ch

en Hours

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to cach and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician., Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. business, that fact may be indicated thus; Farmer (re guged in demostic service for wages, as Servant, Cook Housemaid, etc. If the occupation has been change ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever write None. or given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, Farm laborer, (b) Cotton mill; (a) Salesman. (b) without more precise specification as Day (b) Automobile factory. The Laborer -Coal minc, etc. not gainfully emmateria engineer Grocery,

Statement of Cause of Death—Name, first, the DISE BASE NUSSING DEATH (the primary affection with respect to time and causation), using always the same acceptcd term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important. Example: Measles (disease approved by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Ut Age, SHOCK, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of accident; Revolver wound of hand-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY interstitial nephritis, Committee on Nomenclature Chronic valvular heart disease, Carcinoma, Sarcoma, etc., oi etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data its essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 04996
1. PLACE OF DEATH	119
County ame andel	Registration Dist. No. 26
Village or City Guenveh md	No. St., Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
	<u> </u>
(a) Residence: No. Frem och mc (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May & 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY. That I attended deceased from Nay 6 1932 to May 6 1931
6. DATE OF BIRTH (month, day, and year) March 27	Hast saw harm alive on May 6 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a cut de Calits 3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Sunvek Ind (State or country)	Other Coutributory Causes of importance:
13. NAME Raymond Catterton	
13. NAME / Carpring Calletton 14. BIRTHPLACE (city or town) Melwood hed (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Lace Luffith 16. BIRTHPLACE (city or town) Seework (State or country) Annu runde mo	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Raymond Catterton (Address) Pleuroch a a, as hid	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place LL JON Date Mag 6, 132	Manner of injury
19. UNDERTAKER Taymond Callering. (Address) Scenior As Self.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Huy 6, 132 VVT Claytor. Registrar.	(Signed) Reverdy Hosser Cer M.D. (Address) Upper Maclos Ind
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

6.4606

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8. The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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ADDITIONAL SD	CE EOD EHDTHED	STATEMENTS BY PHYS	SICIAN
ADDITIONAL SPA	ACE FOR FURTHER S	STATEMENTS DI PRIS	SICIAN
	CALL TO A STREET BUILDINGS AND ADDRESS.		

	7 = 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH
10	state UPA	1. PLACE OF DEATH	(F)
M)	/	County (l'ane arundel	Registration Dist. No.
	item of should of OCC	Village or City near Laures	No Vistocch Training Chorles, Ware
/	·= 9	6	death occurred in a horpital or institution, give its NAME instead of street and number) / O ds. How long in U.S. if of foreign birth?yrsmos ds
1	Every CIANS ement		
	CORD. Every PHYSICIANS (ct statement	2. FULL NAME Julius (ha paelle	
	RD. YSJ sta	(a) Residence: No. 10 13 - 11 The Discontinuous (Usual place of abode) Was	St., Ward. [If nonresident give city or town and State
	RECORD PHYS Exact sta	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	T RECO Y. PH Exact	3. SEX A. COLOR OR RACE OR DIVORCED (write the word) Colored OR Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
NG	T I ied.	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of	
DII	A C T I	(or) WIFE of	22. That I HEREBY CERTIFY. That I attended deceased from
BIND	cla .	1112 V 12 182	Hast sew h in eliva on May 76, 1937; daath is sai
B		6. DATE OF BIRTH (month, day, and year) leggest 17, 1927 7. AGE Years Months Deys II LESS than	to heve occurred on the data stated above, at 12 m. noon.
OR	IS A l stated proper	4 9 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	IS stal pro cert	9 Trade profession or particular	The partie Epilepsy Date of onset
3D	be pe	kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	
VED	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
RESER		SAW MILL, BANK, etc	
ES	IG INI AGE sl that it ons on	11. Total time (yaers) this occupation (month end year)	
R	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) It asking town,	Other Contributory Causes of importance:
K	d.	(State or country)	
RG	NF. plie rm:	13. NAME It ilean Chappelle	
3	ITH UNF illy supplication term plain term See inst	14. BIRTHPLACE (city or town)	Name of operation
1-4-	TH Ily olain	(State of country)	What tast confirmed diagnosis? Was there an eutopsy?
	WITH efully in pla ant.	15. MAIDEN NAME Elizabeth?	23. If death was due to external causes (VIOLENCE) fill in elso the following:
	Car CH Orts	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
3	INLY, W be carefu EATH in important	(State or country) South (arolina	Whare did injury occur? (Specify city or town, county and State)
9		17. INFORMANT (sand of Laurel md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
		18. BURIAL, CHEMATION, OR REMOVAL	Manner of Injury
	P 7 07	Place Vislock Truing V Charlosto May 27, 193 V	Nature of Injury
	-WRIT mation CAUSE TION i	19. UNDERTAKEN ISLACH Fraining School	24. Was disease or injury in any way ralated to occupation of deceased?
No. 1	LEOF	(Addrass) Laurel, July	If so, spacify
vi vi	В.	20. FILED May 25T, 1932 Clarg the Hasleh	(Signad) M. D. Land
>	Z	Zoco O Registrar.	(Addrass) LIST IN SCROTT, NAME MY

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitul nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

· Ha	Oud Survey	PACE FOR FURTHER STA	TEMENTS BY PH	YSICIAN Service lasting	
about	10 minutes		/	1	

V. S. No. 1

	-WRITE PLAINLY, WITH ENFADING INK-THIS IS A PERMANENT RECORD. Every Mem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.
)	-WRITE PLAINLY, WITH CNFADING INK-	mation should be carefully supplied. AGE sho	CAUSE OF DEATH in plain terms, so that it r	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	SIAIL	אותויו וכ	LAND	CERTIFICATE OF DEATH	
1. PLACE OF	F DEATH			(23)	0
County	Anne Arun	del	~~~~	Registration Dist. No.	2
Village or C	ity Jessup		Mary	lamd House of Correction St.	Ward
				death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of resi	dence in city or town where		yrs,Qmos	12ds. How long in U.S. if of foreign birth?yrsm	10sds.
2. FULL NA	me James	Claget			
(a) Residen	ce: No. Jash	un m	d	St., Ward.	10
DEDSON	IAL AND STATIST	(Usualplace		If nonresident give city or town and	1 State
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
		OR DIVORCED	(write the word)	May 17	1932
Male 5a. If married, widow	Negro	Marri	ed	May _(Month) 17 (Day)	(Year)
HUSBAND of (or) WIFE of	rea, or alvorcea			22. HEREBY CERTIFY, Thet attended	deceased_from
(OI) WIFE OI	Unknown			April 8 April 8 May 17,	
6. DATE OF BIRTH	(month, day, and year)	Unknown		Hast sew h im elive on May 16, 19 32	; death is said
7. AGE Yea	rs Months	Days	If LESS than	to have occurred on the date stated above, et 2 . 25 Am. M .	
30	3		1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	12.1
2 Trade profes	ssion, or particular				Date of onset
SAWYER,	work done, as SPINNER, , BDOKKEEPER, etc	Labor	er	Pulmonary Tuberculosis	?
NOOLE A SAWYER, 9 Industry or work was SAW MIL 10: Date decease this occur	business In which s done, as SILK MILL.				-
SAW MIL	s done, as SILK MILL, LL, BANK, etc	13. Total 4			-
	ed last worked at pation (month and	11. Total ti	t in this pation		
year)			pation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (cit	,,	ryland			
13. NAME	Henry Clage				
	(city or town)Mal	ryland		Neme of operation Date of	
(State of	r country)			What test confirmed diagnosis D. nor furturn Was there an	
15. MAIDEN NA	ME Unknow	W/61		23. If death was due to external causes (VIOL ENCE) fill in also the followin	
16. BIRTHPLACE	(city or town)			Accident, suicide, or homicide? Date of injury	, 19
(State or	country	43		Where did injury occur? (Specify city or town, county and Sta	
17. INFORMANT	Marin.	Ruce		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
(Address) —	TION OF PENOVAL	sup m	<i>J</i> -		
Place 13	s wolf Iron	e novo Zisar	20, 1932	Manner of Injury	
Trace-y-	0			Nature of injury	
19. UNDERTAKER _	KotoW/	sprage		24. Was disease or injury in any way related to occupation of deceesed?	
(Address)	A ains	resser 3	9 mos	If so, specify ————————————————————————————————————	
20. FILED MAL	19.1932 Ola	are 18 oras	slup	(Signed) Toggin Ald	
/		Vo Cak	Registrar.	(Address) Jessup Nd	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	3			
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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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	1.1.6
sem mure a	undal Co- Registration Dist. No. 2
(1)	No. St., Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
where death occurredyrs,mos	ds. How long in U. S. if of foreign birth?mosds.
annamed de	farx. Clarke
Severe.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
CCE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
	22. I HEREBY CERTIFY, That I attended deceased from
	I last saw h affice of 1935 death is said
r) nths Deys If LESS than	//3 - 02
nths Deys If LESS than I dey,hrs.	to heve occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows: Date of onset
VER.	
1(zundin	Cophy
L,	6
11. Totel time (years)	
spent in this occupetion	(Emalonia)
Occupendi	Other Contributory Causes of importence:
wew.	*
a ao	
The Clarke	
a.a.Co.	Neme of operation Oete of
mo.	Whet test confirmed diegnosis? Wes there an eutopsy?
Louiz Con	23. If death wes due to externel causes (VIOLENCE) fill in also the following:
C.C.C.	
m.D.	Accident, suicide, or homicide?
Clarke	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
er.	
C 1- 11 -	Manner of injury
Date May 14, 1972	- Neture of injury.
akan Thous	6
The state of the s	
and my	If so, specify
James Kerryess	(Signed) Total Clare M.D.
Refisiply.	(Address) flus fourant
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attock of epilepsy 1 weck ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No County Village or City Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? yrs. Length of residence in city or town where death 2. FULL NAME (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) If LESS than to have occurred on the date stated above, at ... 7. AGE Years Months Davs 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ Industry or business in which OCCUPA work was done, as SILK MILL SAW MILL, BANK, etc ... 30. Date deceased last worked at 11. Total time (years) spent in this this occupation (month and occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14, BIRTHPLACE (city or town) (State or country What test confirmed diagnosis?_ ----- Was there an autopsy HER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: MOT Accident, suicide, or homicide? ______ Date of injury _____ 19___ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION Manner of injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased (Address) If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

item of infor-

-WRITE

STATE OF MARYLAND—	CERTIFICATE OF DEATH 05001	4
1. PLACE OF DEATH	(B)	
County anne drundel	Registration Dist. No. 77 2	1
Village or City Crownsville State	Yauthital	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	
2. FULL NAME Eduar	111.	
	a de la sur d	
(a) Residence: No. Severn (Usuatplace of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	th.Printherstad
3. SEX 4. COLOR OR RACE ORDIVORCED (write this word)	21. DATE OF DEATH	
5a. 1f marriad, widowad, or divorced	(Month) (Day) (Yea	ir)
(or) WIFE of Grandson & Suvards	22. I HEREBY CERTIFY. That I attended deceased	from
0,00/1/- 1,01/1	May 26, 192/ 10 may 8-370	
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 19, 19; death is	s said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at. 52	
4344 6 d ormin.	were as follows:	onset
8. Trade, profassion, or particular kind of work done, as SPINNER, Kause beigeing SAWYER, BOOKKEPER, etc.	Chone Interstillat	
kind of work done, as SPINNER. Kulle belifing SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		
work was done, as SILK MILL, SAW MILL, BANK, etc	rapraes	
10. Date dacased lest worked at this occupation (month and year)		
701111111111	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	Minnie misocastites	
till at a political	aconce injocación	
13. NAME Steel Experience 14. BIRTHPLACE (city or town)		
[Stata or country]	Name of oparation Date of	
The state of the s	What test confirmed diagnosis? Was there an autopsy?	
16. BIRTHPLACE (city or town) Transform	23. If death was due to external causes (VIOLENCE) fill in also the following:	
(Stata or country)	Accident, sulcide, or homicide?	
- (State of Country)	Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT Hospital Certification (Address) Cownsolle, and.	Spacify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placa Maclama and Date 1044 1, 1932	Nature of injury	
19. UNDERTAKER Annuel W. Chass Hox (Address) 638. M. Eilmer 14 Bactome	24. Wes disease or injury in an way related to occupation of dacaased?	~~~~
20. FILED Mars 10 1932 W. L. Jones	(Signatural of Marie 1997)	M. D.
der Level Registrar.	((Addréss)) Drownsville ma	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Corebral honographae	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HUREAU T C			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	
E 4 T 4 4			

05002

1. PLACE OF DEATH	(1248)	
County a.a.	Registration Dist. No. 27	
Village or City annapolis		Ward
E	(If death occurred in a hospital or institution, give its NAME instead of street and number)	
	nos. ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME William. Z. En	yelkl.	
(a) Residence No. 229 west	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (1933)	2— Ir)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of: M. G. C.	22 1 HEREBY CERTIFY That I attended deceased	from
(OT) WIFE OF Margaret. F. Engelfer	- march 3 ,1932 to Thirty 9 ,103	2
6. DATE OF BIRTH (month, day, end year) Oct 16-1878	I last saw he elive on may 193 2, death is	s said
7. AGE Years Months Days If LESS than		
53 6 21 1 dayhi	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as foliows:	oosat.
8 Trede, profession, or perticular	1 A Cale	nuset
8 Trede, profession, or perticular kind of work done, as SPINNER, Merohant,	Sastru Filler yu	cas
9. Industry or business in which work was done, as SLK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, Merohami SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end 1910)		
this occupation (month end 1918 spant in this year) occupation		
2 1 25 00	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4.
1 1/1 2 01	- 5000	-
13. NAME 14. BIRTHPLACE (city or town)		
14. BIRTHPLACE (city or town)	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Wes there an europsy?	
15. MAIDEN NAME (Mary Neg).	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
(State or country)	Where did injury occur? (Specify city of town, county and State)	
17. INFORMANT (mary one) . E. Engelfel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) and gracial mile		
18. BURIAL, CREMATION, OR REMOVAL Place St on any D Date May // 19		
la les ou el l	Nature of injury	
19. UNDERTAKER B Z Hoffing	24. Was disease or injury in any wey related to occupation of deceesed?	
(Address) and exolic m	If so, specify	
20. FILED/10, 1932 2 2 3 6 C. Jay a 1	(Signed) (Gassalinia no)	_M. D
Registrar.	(Avaress)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	LABSCHIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	UN 7 1982	July 5, 1927	Peritonitis	3 days ago
	BURRAU V. S.		•	
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

F = 4	

STATE OF MARYLAND-	CERTIFICATE OF DEATH 05003
1. PLACE OF DEATH,	93-0
County Come and del	Registration Dist. No. 2-3
Village or City markey	ND. St Ward
(If Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Telis about for	acther
(a) Residence: No. Trules &a	Go Good .
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. STINGLE, MARRIED, WIDOWED, ORDITORCED (write the word)	21. DATE OF DEATH (Month) 29 (Day) 1939 (Year)
5a. If married, widowed, or divorced HUSBAND (or) WIFE of January Parthes	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on may 19, 19; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 10 3 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	arlam clavous.
9. Industry or business in which work was done, as SILK MILL.	De -) - lendae
SAW MILL, BANK, etc.	Chrone Myscardelis 1 4
O ID-Date deceased last worked at this occupation (month and year) occupation occupation.	
12. BIRTHPLACE (city or town) Q Q MA	Other Contributory Causes of importance:
(State or country)	apoplary
14. BIRTHPLATE by or town)	
4. BIRTHPLAN y or town)	Name of operation
(State of equitity)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME Elema Husa	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?, 19, 19, 19
E (State or country)	Where did injury occur?
17. INFORMANT James Parties	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place May other Date June 1, 193	Nature of injury
19. UNDERTAKER James a Hays	24. Was disease or injury in any way related to occupation of deceased?
(number)	If so, specify
20. FILED May 3 1., 193. 2 James N Cerogram	(Signed) John Guengand M. D. (Address) Jon Burns
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by served car	1 week ago
Cerebral hemorrhage	July 5,1927	Persionities	3 days ago
	6.	The last of the la	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		10.	
	1		

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(130)
County Cu Co	Registration Dist. No. 1, 21
Village or City Elmnes otes. Md.	1 No. ngune forpels Ward
	death occurred in Chorpital or institution, give its NAME instead of street and number) ds. How long in U.S. in of foreign birth? yrs. mos. ds.
2. FULL NAME Maggie Sood	man:
(a) Residence: No. (Ostal prace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Tenned 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of Planies Governan	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. A alive on Mac 10, 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12.4.5 Pm.
46 2 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as officers.
8. Trade, profession, or particular kind of work done, as SPINNER,	Cecuto Mulles Detacional
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as \$111 km M11	J742
SAW MILL, BANK, etc.	
O 10 Date deceased last worked at may 3. 11. Total tima (years) spant in this occupation (month and year) 19.3.2 12.	
(1)	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) (State or gountry)	Mus 1/4
13. NAME Janes 2 Joseph .	V7 W
13. NAME Care Source 14. BIRTHPLACE (city or town) Market	Name of operation. Use Date of
(State or country) as a made	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Lina Suract.	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME & Lya Suract. 16. BIRTHPLACE (city or town) Mayo	Accident, suicide, or homicide? Date of injury 19
(State or country) when to	Where did injury occur?
17. INFORMANT Jeenging Jemms (Address) James (Out of Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date 13 1937	Nature of injury
19. UNDERTAKER CONSTRUCTION (Address) Construction (Address)	24. Was disease or injury in any way related to occupation of deceased? Use
20. FILEDWAY 12, 193 # 2 - 16 2 188	(Signed) (Signed)
Registrar.	(Address) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		TOOL Y MULTIPLE STATES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back of

19. UNDERTAKER

20. FILED

(Address)

John M. Taylor Annapolis Md

infor-

should

1. PLACE OF DEATH			[31]		05005
County A.A.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			Registration Dist. No.	21
Village or CityWardour Length of residence in city or town where				St., tution, give its NAME instead of street a of foreign birth?yrs	
2. FULL NAME Margar	et R.Gordo	n			
(a) Residence: No. War	dour Md. (Usual place of about	de)	St.,Ward.	If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTICUL	ARS	MEDICAL O	CERTIFICATE OF DEATH	1
Female White	5. SINGLE, MARRIED, OR DIVORCED (wri		21. DATE OF DEATH	May 22 (Month) (Day)	, 193 Z- (Year)
ia. If married, widowed, or divorcod HUSBAND of (or) WIFE of William B.	Gordon		22. I HEREB	Y CERTIFY, That I attend , 1932, to May 22	ed deceased from
. DATE OF BIRTII (month, day, and year) . AGE Years Months 87 4	Days I d	1845 If LESS than ay,hrs.	I last saw h alive on alive on to have occurred on the date sta	may 22 , 193	, death is said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None			were as follows:	La.	Date of onset
work was done, as SILK MILL, SAW MILL, BANK, etc					
2. BIRTHPLACE (city or town)			Other Contributory Causes of imp	what Wife	of Seven
14. BIRTHPLACE (city or town)			Name of operation	Date o	
15. MAIDEN NAME Sallie	Wise			ouses (VIOLENCE) fill in also the follow	
15. MAIDEN NAME Sallie 16. BIRTHPLACE (city or town) (State or country)				Date of injury	, 19
7. INFORMANT D. Claude Ha (Address) Annano	ndy lis Md.			(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
8. BURIAL, CREMATION, OR REMOVAL Place Camden S.C.		1932	Manner of injury		

(Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

24. Was disease or injury in any

Nature of injury

If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 200	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

> >	V. S. No. 1		RGIN RESERVED FOR BINDING	RESI	RVE	D F	OR	BIND	ING	•		3	
Z	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	TTH U	NFADIN	INI DA	K-TH	IS I	SAP	ERMA	NENT	RECORD.	Every	item af	infor-
K	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ully sur	pplied. A	AGE SI	hould h	e st	tated	EXA	CTLI	. PHYS	CIANS	pluods	state
1	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	plain t	erms, so	that it	may h	e pi	roper	y class	ified.	Exact sta	tement	00 Jo	ZID
	TION is very important. See instructions on back of certificate.	t. See	instruction	ons on	back c	f ce	rtifica	te.					

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(RS)
County a la	9 Al Russe Registration Dist. No. 21
Village or City Wembledon Yarm	ND. St., Ward
,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Scharler W H	agrad
	Ot Ward
(a) Residence: No. Sauth Pluse (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Man 27 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 27 - 1918	I last saw h alive on 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
14 3 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade protection or particular	Date of onset
3 ledustry or business in which	JACONONIU JOSEPH CONTRACTOR CONTR
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10 To 10 T	
01.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME lo harled Hagord	
13. NAME losses Hagord 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Stella mines	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Stella Minister 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT laharler Hajood (Address) complete of B. F. P.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR KEMOVAL, Place Dulle Stap Jan Date Oncy 28, 193?	Manner of injury
19. UNDERTAKER B. L. Hoffing. (Address) amount on P.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED May 28 132 fry C. fry co neg	(Signed) Some M. D. (Ardress Amahah: M. Larbur
If we had a second of the Control of	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I			Example II			
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	11.11 1 132	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago		
Other contributory causes	of importance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		
		1				

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18	o me	plnou	2000
	it	70	0
/	D. Every	SICIAN	tatement
	RECOR	. PHY	Exact s
AGIN RESERVED FOR BINDING	RMANENT	XACTLY	classified.
FULL	IS A PE	stated E	properly
7	HIS	be	pe
ESERVI	INK-T]	E should	at it may
4	DING	AG	so th
では	UNFAI	supplied.	terms,
	WITH	efully s	in plain
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
	-WRITE	mation sh	CAUSE

TION is very important. See instructions on back of certificate.

STATE	OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH	

1. PLACE OF DEATH				
County a.a. Coun	ty		Registration Dist. No.	30
Village or City Www.	l. hd	No.	St.,	Ward
Length of residence In city or town where death or			stitution, give its NAME instead of street a if of foreign birth?yrs	nd number)
2. FULL NAME John	Hull-			
(a) Residence: No.	Jeul Jud. Jeual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	1
3. SEX 4. COLOR OR RACE S. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word)	21. DATE OF DEATH	may 27	. 193 2
5a. If married, widowed, or divorced	manuel		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of . heargare	t Hall	22. I HEREE	BY CERTIFY, That I ettend	ed deceased from
6. DATE OF BIRTH (month, day, and year) 186	2 (day month not ha	last saw h elive on_	2 - 2 - 1 -	
7. AGE Years Months	Days If LESS than		tated ebove, at 10:30 9 m.	
70	1 day,hrs.	The PRINCIPAL CAUSE OF DI were as follows:	EATH and related causes of importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Carsen	ama of bladder-	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occuration (month and				
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) Q-Q-C (Stete or country)	nerty-	Other Contributory Causes of it	mportance:	
13. NAME Charles (14. BIRTHPLACE (city or town) A . a .	Hull-			
14. BIRTHPLACE (city or town)	County.	Name of operation	Date o	f
(State of country)	0 1	What test confirmed diagnosis?	Was there	en eutopsy?
15. MAIDEN NAME Robicca 16. BIRTHPLACE (city or town)	· Count -		causes (VIOLENCE) fill in also the follow	
(State or country)	7	Where did injury occur?		
17. INFORMANT Howard Inve	el ned	Specify whether injury occurred	(Specify city or town, county and din INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAY Place Chion Chapel Date	10, 29 32	Manner of injury		
19. UNDERTAKER Potest M (Address) Friends	wind med.	24. Was disease or injury in an	y wey related to occupation of deceased?	40
20. FILED May 28, 19 \$ 2 M.	A Clay ton	(Signed) Thus	GC. Hammon	A. M. D.

V. S. No. 1

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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WRITE

IION is

state of inforSTATE OF MARYLAND-CERTIFICATE OF DEATH

Contract of the contract of th	Dogietration	Dist. No.	7
No. eath occurred in a horpital or ins ds. How long in U.S.		St, 1E instead of street of	Ward number)
St., Ward.		nt give city or town	
MEDICAL	CERTIFICAT	E OF DEATH	1
21. DATE OF DEAT	Month?	/) ~ (Day)	, 193 2 (Year)
I HEREE I last saw h alive on to have occurred on the date si		may 13	ded deceased from , 19.3 & death is said
The PRINCIPAL CAUSE OF DI were as follows:	EATH and related car	uses of Importance	Date of onset
aplin	7		3 du
Other Contributory Causes of in	mportance:	-	334
Name of operation		Date (of
What test confirmed diagnosis?	?	Was there	an autopsy?
23. If deeth was due to external	causes (VIOLENCE)	fill in also the follo	wing:
Accident, sulcide, or homicide?	?	Date of injury	, 19
Where did Injury occur? Specify whether Injory occurre	(Specify city	or town, county and IOME, or in PUBLIC	State) PLACE.
Manner of injury			
Nature of injury			
24. Was disease or injury in en	y way related to occu	pation of deceased?	
(Signed)	4 4 . 7) 27 CC	M. D.

If more blanks are needed, address State Registrar

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Example I			Example II	
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Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 7 1002	1921	Run over by street car	1 week ago
Cerebral hemorrhage	2011	July5,1927	Peritonitis	3 days ago
-	BUREAU V.	3		
Other contributory causes	of importance:	Surpley Chart 9	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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Exact statement of OCCUPA ONFADING INK-THIS IS A PERMANENT RECORD. Every item PHYSICIANS AGE should be stated EXACTLY. properly classified. ARGIN RESERVED FOR BINDING See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully TION is very important. STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	B	12	0	0
U	U	U	U	9

1. PLACE OF DEATH		(86)	0 0 0
County		Registration Dist. No. 22	_
Village Dr City Down where death occurred	yrs. 5 mos.	No St., death occurred in a hospital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
2. FULL NAME William I	tensi	m:	
(a) Residence: No. (Usual place of	abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIE OR DIVORCED (S. SING		21. DATE OF DEATH (Month) (Day)	, 193 Z (Year),
(or) WIFE of	22,71	22. I HEREBY CERTIFY. That I attended at 1 last saw h	, 19
7. AGE Years Months Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year)	n this	Other Contributory Causes of importance:	
(State or country) Jangus Q Q W 13. NAME (Cluden Pallon	60.	:	
13. NAME (I COLUMN Sallow) 14. BIRTHPLACE (city or town) (State or country) Md.	************	Name of operation Date of What test confirmed diagnosis? Was there an air	
15. MAIDEN NAME 16. BIRTHPLACE (city or towo) 17. INFORMANT (Address) 18. BURIAL, CHEMATION, OR REMOVAL Place TOWN Date May Date May	20 1922	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA Manner of injury Nature Natur	: , 19
19. UNDERTAKER M. Slading m (Address) Bowle m 20. FILEOMAY 19, 1932 N. L. Jones	CS A Registrar.	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) ho Estat ho Dissury Con (Address) Oderstan Hud	UMAMAS.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		//	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

V. S. No. 1 N. B.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	05010
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1. PLACE OF DEATH			(KL)	
County Anne Arunde	1		Registration Dist. No.	ZI
Village or City Magoth Length of residence in city or town where		(lf	NoSt death occurred in a hospital or institution, give its NAME instead of streetds. How long in U.S. if of foreign birth?yrs.	ward and number)
2. FULL NAME (a) Residence: No. Balti		Horton	St. Ward.	
(a) nosidence. No.	(Usual place	of abode)	If nonresident give city or town	and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEAT	Η)
3. SEX 4. COLOR OR RACE male white 5a. If married, widowed, or divorced		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH May I3th (Month) (Day)	, 193 (Year)
HUSBANO of (or) WIFE of	10 102		22. I HEREBY CERTIFY. That I atte	, 19
7. AGE Years Months	Oays	I882 If LESS than I day, hrs. or min.	to have occurred on the date stated above, at	Date of onset
SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	ilversm 2 11. Total ti spai 00:10 hague,	ima (years 20yts nt in this 20yts upation	Other Coutributory Causes of importance:	
13. NAME Thomas Ho				
14. BIRTHPLACE (city or town) Pa	_	N.Y.	Name of operation Oate What test confirmed diagnosis? Was there	
15. MAIOEN NAME Laura Sm 16. BIRTHPLACE (city or town) Pat (State or country) 17. INFORMANT Thomas Ho (Address)	chague	N. Y.	23. If death was due to external causes (VIOLENCE) fill in also tha foll Accident, suicide, or homicide? SUICIDE Date of injury. Where did injury occur? (Specify city or town, county and Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLI	owing:
18. BURIAL, CREMATION, OR REMOVAL Place Patchague, N. Y	oate M	ay 19,1932	Manner of injury	
19. UNOERTAKER Margaret (Address) Baltimo 20. FILEO 5-13, 19-2, 2		} leso w	24. Was disease or injury in any way related to occupation of deceased if so, specify (Signed) (Address)	7

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset
Arteriosclerosis	JUN 7 1972	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V	July 5,1927	Perilonitis .	3 days ago
Other contributory cau	uses of importance:		Other contributory causes of importance:	
Gallstanes		May 1,1923	Gastroenteritis	1 year
				1

V	S.	ate	A.	
ANGEL INECEDIATE FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	/
	6	loor	00	
1	ite	18	of	
1	very	ANS	nent	
1	白。白	SICI	aten	
·	ORI	HYS	t st	
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770	ER	EX	y c	te.
4	AI	ted	perl	ifica
4	IS	sta	pro	cert
1	HIS	pe	pe	Jo
7	T	plne	may	TION is very important. See instructions on back of certificate.
3	INK	sh	it	on 1
771	5	AGE	that	ons
1	DI	ı.	es .	ucti
5	KEN	plie	rms	nstr
	5	dns	n te	ee i
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	PI	nous	OF	ver
	ITE	s no	SE	Siz
	-WR	nati	CAU	CIO
	B.	A		
			-	

		SI	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH (501)			
	1. PLACE O			. 7		(5)			
	County		Arunde			Registration Dist. No. 2			
	Village or (City Cr	ownsvi.	Lle Sta	te Hospit		d		
	Length of res	idence In city	or town where	leath occurred	2 yrs 11 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?	ls.		
	2. FULL NA	ME	Mauri	ce Hoz	ey				
	(a) Resider	nce: No	Balt	inore C (Usualplace	ity Mary	18 Std Ward. If nonresident give city or town and State			
	PERSON	NAL ANI	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	- Charles		
3. SEX male 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single						21. DATE OF DEATH 5th (Day) (Year)			
5a	. If merried, widov HUSBAND of	ved, or divor	ced				_		
A14.0	(or) WIFE of					June 4th 19 29 to May 5th	2		
6.	DATE OF BIRTH	(month, day,	end year)	1907		Hest saw h im alive on May 5th 1932; death is sa	id		
7.	AGE Yea	912	Months	Days	If LESS than	to have occurred on the date stated above, et 3: 20Pm.			
_	2.	5	Unkr	nown	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	et.		
NO	8. Trade, profe	ession, or par work done, a	ticular s SPINNER,	Labor	0.79	Septicemia due to strep-			
OCCUPATION	9. Industry or	business in	ER, etc which	De DO I	<u>c.r.</u>	tococcus infection no injury. 7 ds	3		
CUP	work wa	s done, as SI LL, BANK, et	LK MILL,			Cata to feel and all is ladans			
Ö	10. Date decease this occurrence year)	sed last work apation (mont	ed at th and	SD	time (years) ent in this cupation	Potient had enjerfelas : 10 days.			
12	BIRTHPLACE (ci		Marylar			Other Contributory Causes of importance:			
ER	13. NAME		Albei	t Hoze	У				
FATHER	14. BIRTHPLACE	E (city or tow r country)	m) Maryl	and		Name of operation Date of			
ER	15. MAIDEN NA	ME	Lilly	Miles		23. If death was due to external causes (VIOLENCE) fill in also the following:			
MOTHER	16. BIRTHPLACE	E (city or tow r country)	m) Mary	land		Accident, sulcide, or homicide?			
17. INFORMANT Hospital Records					arvland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18	Place			Date	ay 19.3	Manner of injury			
19	, UNDERTAKER(Address)	far	yes w	asta	yes 8	24. Was disease or Injury in any way related to occupation of deceased? If so, specify			
20	, FILED /	9.00., 19	32	CY/B	Registrar.	(Address) Crownsville	D.		
		811	If more	blanks are needed,	dedress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. 1827 Jand			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	05012

1. PLACI	E OF DEAT	'H			99)		
County	Anne A	rundel			Registration Dist. No. 2	1	
Village Langth	or CityCr	OWNSVII	le Ste	te Hospit	f death occurred in a hospital or institution, give its NAME instead of street ar	Ward number)	
2. FULL	NAME	De	niel Ja	nekson			
	sidence: No.				If nonresident give city or town a	and State	
PERS	SONAL ANI				MEDICAL CERTIFICATE OF DEATH		
s. sex male					21. DATE OF DEATH Nay 29th (Month) (Oay)	, 193 2 (Yaar)	
5a. If marriad, HUSBANG (or) WIFE		ced			22. I HEREBY CERTIFY, That I attend May 31d 1932 to May 29th		
6. DATE OF BI	RTH (month, day,	and year)	1886		Hast saw h im alive on May 29th 193		
7. AGE	Years 46?	Months Unki	Days 10 WN	If LESS than I day, hrs.	to have occurred on the data stated above, at 5: 30 Å m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
8. Trade, kin SA	profession, or par d of work doma, a WYER, BOOKKEER	S S PINNER.	Lab	rer	Cardiac Embolism	Date of greet 5 min.	
SA SA	ry or business in rk was done, as SI W MILL, BANK, at	LK MILL,					
	leceased last works occupation (mon	ed at th and	II. Total t	ima (years) ntin this upation	Other Coutributory Causes of Importance:		
	CE (city or town) . or country)	Mar	yland		Gangrene of the feet	30 das	
13. NAME	Robe	ert Jec	kson, d	ead			
N.	PLACE (city or towate or country)	vn) Mer	/land		Name of operation Oate of What test confirmed diagnosis? Was there a		
15. MAIOE	N NAME	Georgia	(Unkno	wn) dead	23. If death was due to external causes (VIOL ENCE) fill In also the follow	ing:	
	PLACE (city or tov	va) Ler	yland		Accident, sulcide, or homicide? Oata of injury Where did injury occur?		
17. INFORMANT Hospital Records (Address) Crownsville, Maryland					(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAD PROPERTY OF CONTROL					Manner of Injury		
19, UNDERTAK (Addres		y v Cof	Juacon	Spring 20	24. Was disease or injury in any way related to occupation of deceased? If so, specify		
20. FILEO	730-1	\$2 (SO)	Registrar,	(Signad) Wille Wille 15	vodeno.	
		If more	hlanks are meeded		N. Charles Street Belginson Brown T. S. No.	and a	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
PHURAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			A. C.	
			-	

ADDITIONAL SPACE FO	R	FURTHER	STATEMENTS	BY	PHYSICIAN
		6			
	_				

V. S. No. 1

tion reserved for binding	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	on back of certificate.
THOUSE IN THE	BWRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AG	/ CAUSE OF DEATH in plain terms, se that	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10010
1. PLACE OF DEATH	82-0
County Classes	Registration Dist. No. 27
Village or City Pydings	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Longth of residence in city or town where death occurredyrsmos	
2. FULL NAME Men Carlel Jon	kurs
(a) Residence: No. 7 ydu a a a Co. Co.	St. Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLÓR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(100)
(or) WIFE of Cangene Janking	22. Del HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year Que. 9 1873	I last saw h. e. alive on neay, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
39 - I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Afocuse wife SAWYER, BOOKKEEPER, etc.	Coular Hemoritage may
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
9. Industry or business in which work was done, as SILK MILL, Asam MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) sport in this occupation	
Bakan IP	Other Catributory Cruses of importance:
12. BIRTHPLACE (city or town) (State or country)	tolismal ofemonique
E 13. NAME Stathance Halls	may 10, 17 32
E	Maria
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME AND FRAME LORAS IN a	
= 7	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town) State or country)	Where did injury occur?
50 car leach 2/ 1/2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Spools whether many occurred in modern, in nome, or in robello reace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Plus Place May 23, 19 32	Nature of injury
19. UNDERTAKER ON Higher Bons (Address)	24. Was disease or Injury in any way related to occupation of deceased?
Zum 30 0 0	If so, specify (Signed) Ohn Mo
20. FILED P. 1932 frage Registrar.	(Address) 6/2 W400TBalling
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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E	cample I	- chartie	Example II		
The principal cause of dea of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	and D. San	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	- Sun - 1955	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago	
	• •	467			
Other contributory causes	of importance:	- 44	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.

STATE OF	MARYLAND-CERTIFICATE	OF	DEATH

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U	0	U	17	I

1. PLACE OF DEATH	1	(95-f)
County		Registration Dist. No. 27
Village or City And a	holis	No.26 Calvert St. V
E .		f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where dea	th occurredyrs,mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Stra	rlea	Johnson
(a) Residence: No. 2 6 CC	(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5	OR DIVORCED (write the word)	21. DATE OF DEATH MANY 28 193 (Year (Month) (Day) (Year
. If married, widowed, or divorced	0 1	(months) (lea
HUSBAND of Agnes	Jehnsn	22. HEREBY CERTIFY. That I attended deceased
DATE OF BIRTH (month, day, and year)	lu 11, 1877	I last saw h alive on; death is
AGE Years Months	Days If LESS than	to have occurred on the date stated above, at
55 10	2) * 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular	01	Datedit
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	about	Hart Disease
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
O. Date deceased last worked at this occupetion (month and year)	11. Total time (years) spent in this occupation	
z. BIRTHPLACE (city or town)	A,	Other Coutributory Causes of importance:
(State er country)	0	
14. BIRTHPLACE (city or town)	Atmon	
14. BIRTHPLACE (city or town)	10	Neme of operation Date of
(State of Country)	OT, CU-	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Co.	Green	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME ROLL CO. 16. BIRTHPLACE (city er town)	ACJ	Accident, suicide, or homicide?, Date of injury, 19
(State or country)		Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Cale	su AA.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Date may 31, 1930	Manner of injury
0-13,00	Longon	24. Was disease or injury in any way related to occupation of deceased?
9. UNDERTAKER (Address)	1 str	If so, specify A
0 4 00	1000	(Signed) Journ M. H. Johann Ally

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	en de la companya de	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU VERE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	95-6
County Anno frunde	Registration Dist. No. 23
Village or City 10 NUKUM	NoSt.,Ward
Length of residence in city or town where death occurred 20 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wrainin Pello Sons L	aureda Kommilain
161.	the second second
(a) Residence: No. (Uplat place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word)	21. DATE OF DEATH 24 May 1983
5a. If married, widowed, or divorced	
(or) WIFE of GEON Kennedy	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 6/10/1/18/6	Hast sawle alive on 23 May 1932; death is said
7. AGE Yaars Months Day If LESS than	to have occurred on the date stated above, at 5.45 m. Pm
46 2/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Hoceston SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL.	arowascula
work was done, as SILK MILL, SAW MILL, BANK, etc.	Desert
11. Total time (years) this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) / Menual 1	
(State or country)	
13. NAME MATTHEW SOALS -	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au opsy?
15. MAIDEN, NAME In Lout Thompson 16. BIRTHPLACE (city or town) & arquer Colinty	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
h Malli Carlo Wit.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND STATE OF THE	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Thederick & Date /30/1932	Nature of injury
10 HANGEDTANED WIN Good	24. Was disease or injury In any way related to occupation of deceased?
19. UNOERTAKER COOK (Address) 1217 St Pauel St	If so, specify
20. FILED May 29, 1932 Calmul Woodin f	(Signed) allwall Mothary M. D. (Ardress) Len Lauren & L.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Marken name ! VA	SPACE FOR FURTHER STATEMENTS BY PHYSICIAN ANN BULL SLOWS, CALLED LINNS.
Secon husband	marcust awson
Ala de la	Or short of the short
	and was the

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	100	60	1	60
U	U	V	I	6

I. PLACE OF DEATH	(124)
County a.a.	Registration Dist. No. 21
Village or City and soles	No. 19 College St. Ward
E / I/a	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mos. ds. How long in U.S. if of foreign birth? yrs, mos. ds.
2. FULL NAME John S. TY	imball
(a) Residuice: No. 19 Coollege one	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOU OR DIVORCED Care the w	
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of many Eller Rombols	2. I HEREBY GERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Christ 18 - 18	I last saw h in alive on May 17 1932; death is said
7. AGE Years Months Days If LESS	than to have occurred on the date stated above, at 1 -m.
67 1 29 1day,	nin was a fallows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unhound Liver 4 Not
F 1 8 3 3 3	arterio Selevorio Mars
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Ballimore (State or country)	Other Coutributory Causes of importance:
II 13. NAME John Kimboll	,
14. BIRTHPLACE (city or town)	Name of operation Date of
1 (State of Country) Macco (122)	What test confirmed diagnosis?
15. MAIDEN NAME leathering Schef	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Data of injury, 19
(State or country) Balls on	Where did injury occur?
7. INFORMANT Mary Eller Kninfall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	2 7 Manner of injury
Place St (Mary & Date (May 19)	Nature of injury
19. UNDERTAKER B L Tropology	24. Was disease or injury in any way related to occupation of decaased?
(Address) annapoles one	If so, specify the start that and
20. FILEBLEY 18 , 1932 frag 6 C. g = g co	(Signed) / Colored / / M. D.
Regi	
If more blanks are needed, address State k	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II	
The principal cause of death and related importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	7 1932	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
BURE	JV.S			
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gustroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND County ynna Urund a CERTIFICATE OF DEATH Registration Dist. No. -(If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTIC MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE BINDING WIDOWED: OR DIVORCED (Write the word(Day) I HEREBY CERTIFY, That Vattended the deceased 6 DATE OF BIRTH (Month) 7 AGE III LESS than and that death occurred on the date stated above, at I day hrs. The CAUSE OF DEATH * was as follows: or min.? RESERV (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) ठ ज 10 NAME OF 11 BIRTHPLACE Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER RENT CAUS (State or country) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State yrs mes (State or Country) Where was disease contracted, if not at place of death? shoul of MY KNOWLEDGE Every Item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMO DATE OF BURIA 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

laborer, fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (red state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-<u>a</u> Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, engineer, Stotionory fireman, etc. But in many For many occupations a single word or term on yrs). Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

atic), inges, peritonaeum, etc., Coreinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or niscarriage as "PUERPERAL septicacomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, Whooping accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. approved by Committee on Nomenclattee telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-American Medical Association.) Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease affection need not be etc. volvular The contributory Always qualify all heort disease;

If this certificate is looked over thoroughly and al questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 N. B.— DI ACE OF DEATH

STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
- 11 / 1 1	1111 11 2 1 -					

05018

County Anne Arundel	Registration Dist. No. 22	1
Village or City Jessup Maryland	Honase of Correction St., (If death occurred in a hospital or institution, give its NAME instead of street and number os. 3 ds. How long in U.S. If of foreign birth? yrs. mos.	_Ward
573		03.
(a) Residence: No. Baltimore M. (Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Nale A. COLOR OR RACE Negro S. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (verifythe word)	21. DATE OF DEATH May 20, 1932 (Month) (Day) (1932)	Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceas	
6. DATE OF RIRTH (month day and year) Unknown	1m May 19 32	h is seid
7. AGE Years Months Oays If LESS than 1 day,hr ormin.	to have occurred on the date stated above, et 6 • 05 A. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ofonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and spent in this	Pulmonary Tuberculosis (Hemorrage)	
12. BIRTHPLACE (city or town) Baltimore (State er country) And	Other Contributory Causes of importance:	
13. NAME Verfa Laveneler,		
13. NAME Verfa Lavender, 14. BIRTHPLACE (city or town) 10 getts (State or country) Will	Name of operation Oate of Whet test confirmed diagnosis? I.D. and Symptom Was there en autopsy	n M
15. MAIDEN NAME UNKNOWN	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME UNKNOWN 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Pleasely Mel H of Correct (Address)	Accident, suicide, or homicide?	9
18. BURIAL, CREMATION, OR REMOVAL Place M. Oak un. Oate May 23, 193	Manner of injury	
19. UNDERTAKER Daniel Caston (Address) 916 Pagare Ballo had	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED May 20, 1982 lolara M. Hasley Registrat.	(Signed) Jessup, Md. (Address) Jessup, Md. 17, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 1.	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Rundover by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis &	3 days ago
		1.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH

(Month) (Day) (Year) CERTIFY. That I attended deceased from

19-3 Z-death is said

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Oate of onset

23. If death was due to external causes (VIOL ENCE) fill in also the following:

(Specify city or town, sounty and State)

Specify whether injury occurred in INOUSTRY, In HOME, of in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. VI.

Registrar.

STATE OF MARYLAND-CERTIFICATE OF DEATH

20. FILED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronie interstitial nephriti	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory cluses of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Should state

stated EXACTLY. PHYSICIANS

AGE should be

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	(to	10	13	0
1	1	H	6	17
100	17	U	-	

T. PLACE OF DEATH	(73°C)
County Q-Q.	Registration Dist. No.
Village or City Gassaflotto	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. 4. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NIME Ella 13 L	eitch
(a) Residence: No. South Pina (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI OR DIVORCED (write)	he word) // 24 193 2
5a AF married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Russel Leitele.	22. I HEREBY CERTIFY, Thet I attended deceased from
3. DATE OF BIRTH (month, day, and year) Sept 30-1	894 I last sew h. L. elive on May 24 , 19.3 2; death is seid
7. AGE Years Months Days If Li	ESS than to have occurred on the date stated above, at 10 30 g.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
ind of work done, as SPINNER, House Wife SAWYER, BOOKKEEPER, etc.	- Myocorres Sem
9. Industry or business in which work was done, as SILK MILL,	non
SAW MILL, BANK, etc	with acut orlatation
11. Total time (years this occupation (month and year) occupation	
led & de m	Other Coutributory Causes of importance:
2. BIRTHPLACE (city or town)	h Coul
13. NAME Joseph Higgs.	manu oral orgens agr
13. ITAME	- At can tory usuale of he
14. BIRTHPLACE (city or town).	Neme of operation
(otate of country)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Dacconca Con	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sacronia Can 16. BIRTHPLACE (city or town)-P	Accident, suicide, or homicide?
(State or country) Prime be. Co.	Where did injury occur? (Specify city or town, county and State)
(Address) South Pine a. a. co	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St mary & Date may 26	Nature of injury
9. UNDERTAKER B & H opporing	24. Was disease or Injury in epy way related to occupation of deceased?
(Address) and applied free.	If so, specify
20 5115 may 25 10 12 2 1 1 6 2	- Sue (Signed) When I was M. F.
20. FILED 19.0	Registrar. (Address) Quantity The Can

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example L		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA, should state stated EXACTLY. PHYSICIANS INFADING INK-THIS IS A PERMANENT RECORD. Every properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. N. B.—WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

1.	1	60	63	1
U	U	V	2	I.

1. PLACE OF DEATH		93-0	
County Anna Arunde	1	Registration Dist. No. 2	2
Village or City	0	No. Md. House of Correctionst. If death occurred in a hospital or institution, give it a NAME instead of affect and s. 3 ds. How long in U.S. If of foreign birth? yrs	
2. FULL NAME Willia	m Lewis		
(a) Residence: No.	(Usual place of abode)	St., Ward. Baltimore If nonresident give city or town and	Md State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May 12, (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	known.	22. March 8 CERTIFY, That attended	,
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 60 8. Trade, profession, or particular	Days If LESS than 1 day,hrs ormin.	to have occurred on the date stated above, at 9 • 55P m.	Date of onset
Kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	Myocarditis and Myocardral degeneration. Other Contributery Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	£;		
13. NAME 14. BIRTHPLACE (city or town) (State or country)	known	Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Records Md H of Correction		23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and Str. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P.	ng: ,19
18. BURIAL, CREMATION, OR REMOVAL Place Character Control	Date May 13, 193 2	Manner of injury Nature of injury	
19. UNDERTAKER JAMES (Address) 20. FILED May 13, 1932 Sold	ashael. ang M. Harshep Le L. Register.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) Jessup, Md	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none. BUREAU V. S.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill." etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
- Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
8-1			

STATE OF MARYLAND—	CERTIFICATE OF DEATH (15)122
1. PLACE OF DEATH	174
County A CO	Registration Dist. No.
Village or City of the office (1)	No. Meraphy Janutel St, Ward f death occurred in a happital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth yrs mos ds.
2. FULL NAME TISSE Lown	ax a
(a) Residence: ND//2 Culvers (Usual place of abode)	St., If nonrestout give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 193 2/
5a. If married, widowed, or divorced	- (Month) (Vear)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
0 - 80%	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS that years 1 day hrsd.	to have occurred on the date stated above, at 2007
Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this constitution of the second in	Manhalle
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Jun 10 war agrany
10. Date deceased last worked at this occupation (month and year) spent in this occupation	Stuck in the Short with
Anna Al-1.	Dther Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	m/ / /
	- Umo pp war and
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diegnosis? Was there en aulopsy?
15. MAIDEN NAME Of rancis Julyhman 16. BIRTHPLACE (city or town)	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:
O 16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Called to Carfee (Address) 27 washington	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Della Jolland Date May 16 , 1932	Neture of injury
19. UNDERTAKER 1. 12 Vinon (Address) 26 Ching 26	24. Was disease or injury in any way related to occupetion of deceased?
20. FILEDHAY 9 , 1932 & Syle C' & ge Mich Registrar.	(Signed John Mother State brongs.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	es Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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/	ite	S	Jo
	. Every	ICIANS	tement
	RD	IXS	sta
	RECO	PH :	Exact
- 15	LN	LY	Tri
NION	MANE	LYCI	lassifie
BIL	ER	EN	y c
FOR	IS A P	stated	properl
Q	IIS	pe	pe
ERVE	K-TI	Plnoy	t may
E	NI I	E S	lat i
	ING	AC	o th
RGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCDRA-
	WITH	efully s	in plain
	INLY,	be car	EATH
-	PLA	plno	F D
	TE	ı sh	EO
-	-WRI	mation	CAUS

TION is very important. See instructions on back of certificate.

V. S. Mo. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH (15023
County Anne Arundel	Registration Dist. No.
Village or City Crownsville State Hos (I) Length of residence in city or town where death occurred yrs, 3 most	i two. St., Ward I death occurred in a hospital or institution, give its NAME instead of street and number) s. 15 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME William Lyles	
(a) Residence: No. LaPlata, Charles Con (Usualplace of abode)	intsy, Md Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH May 11th (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from January 26, 1932, to May 11th, 1932, leeth is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30P m.
45 Unknown laday, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows: Chronic interstitial
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end special profession).	nephritis ?
10. Date deceased lest worked et this occupation (month end year) 11. Total time (years) spant in this occupation	Other Cautributery Causes of importance:
12. BIRTHPLACE (city or town) Maryland (State or country)	
🖺 13. NAME Bapp Lyles	
13. NAME Bapp Lyles 14. BIRTHPLACE (city or town) Mary Land (State or country)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
E 15. MAIDEN NAME Maria (Unknown)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Maria (Unknown) 16. BIRTHPLACE (city or town) Maryland (State or country)	Accident, suicide, or homicide?
17. INFORMANT Hospital Records (Address) Crownsville, Paryland	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place La Plata not Date Mongay 1000	Manner of injury
19. UNDERTAKER Gorge & Jours (Address) Ja. Offata, Mg. 20. FILEO May 12, 1932 Jung C. fra 2020	24. Wes disease or injury in any way related to occupying of deceased? If so, specify Signed) M. D.
Kegistrar.	(Address) MSVI 11e MERY 12 Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, mainter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

should state item of inforof OCCUPA.

STATE OF I	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		
County Anne Arundel		Registration Dist. No.
Village or City Eastport	**************************************	No. Boucher's Point St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death oc		death occurred in a hospital or institution, give its NANIE instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos ds.
2. FULL NAME Charlotte	May Martin	
(a) Residence: No. Boucher's	Point, Eastpo	Pt St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SIN OR White	GLE, MARRIED, WIDOWED, DIVORCED (write the word) WILOW	21. DATE OF DEATH May 23 198 2 (Year)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of Booten J. Ma:	rtin	22. JHEREBY CERTIFY, That I attended deceased from gam. 1932 to Man 23 1932
5. DATE OF BIRTH (month, day, and year) Oct.	18, 1880.	I last say her alive on man 23, 1932; death is sai
AGE Years Months	Oays If LESS than	to have occurred on the date stated obove, at 4.30m.
51 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	one	acute Maphritis Date donse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10 Date deceased last worked et		1,73
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	
IZ. BIRTHPLACE (city or town) Pennsyl (State or country)	vania	Other Contributory Causes of importance: Cassinana abdame 19.
13. NAME Joseph C. Barn	es	
14. BIRTHPLACE (city or town) England (State or country)	d.	Name of operation Mane of Date of What test confirmed diagnosis? Clinical Was there on autopsy?
15. MAIOEN NAME Elizabeth	Caton	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Elizabeth 16. BIRTHPLACE (city or town) Englan (State or country)	d.	Accident, suicide, or homicide?
17. INFORMANT Mr. John Kepp (Address) Eastport, Md	ler	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	May 26, 32	Manner of injury
19. UNOERTAKER John M. Taylo: (Address) Annapolis,	r Md.	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 25, 1932 9	ac & 7 6 %	(Signed) 9. Willer martin M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis •	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

(Address)

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STATE OF	MARYL	AND-CERTIFICA	TE	OF	DEATH
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		F MAR	YLAND—	CERTIFICATE OF DEATH (1502))		
1. PLACE OF DEAT				82-0			
CountyA.me				Registration Dist. No.			
Village or City	Crowns	rille S	tate Hosp	1 twol St., death occurred in a hospital or institution, give its NAME instead of street and number	_Ward		
Length of residence in city	or town where d	eath occurred	7 yrs. 11 mos	death occurred in a hospital or institution, give its IVAIVIE, instead of street and number death of the long in U.S. If of foreign birth?	, _ ds.		
2. FULL NAME	William	n Miles					
(a) Residence: No.	Crisfie	Usual place		unding, Mawaidland If nonresident give city or town and State			
PERSONAL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
male d. color	OR RACE CK	OR DIVORCE	RED, WIDOWED, D (write the word) P1 ed	21. DATE OF DEATH May 21st (Month) (Day) (Y	2 'ear)		
5a. If married, widowed, or divorce HUSBAND of COLO WIFE OF Ste	ed lla Mil	Les		22. 1 HEREBY CERTIFY. That I attended decease June 1st 19 24, to May 21st 19			
6. DATE OF BIRTH (month, day,	and year) 18	380		Hast saw h im alive on May 21st , 19 32; death is			
7. AGE Years 52	Months Unki	Days 10 WM	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 8:30Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or parkind of work done, as SAWYER, BDDKKEEP! 9. Industry or business in work was done, as SI SAW MILL, BANK, etc. 10. Date deceased last work.	SPINNER, ER, etc which	Labore	r	Cerebral hemorrhage	irs		
work was done, as SI SAW MILL, BANK, etc 10: Date deceased last work this occupation (mont year)	ed at h and	spai	ime (years) nt in this upation				
12. BIRTHPLACE (city or town) (State or country)	Mary	rland		Other Contributory Causes of importance: General Arteriosclerosis	?		
当 13. NAME Was		Miles					
13. NAME Was 14. BIRTHPLACE (city or tow (State or country)	Unkno	wn		Name of operation Date of Was there an autopsy	7		
15. MAIDEN NAME	Unknowr	1		23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME 16. BIRTHPLACE (city or tow (State or country)	R)	Unknow	a	Accident, suicide, or homicide? Date of injury	9		
17. INFORMANT Hospi (Address) Grown	tal Rec	ords Maryla	and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR NE	MDVAL		25 3,2	Manner of Injury			
D-17 B	2/8/2001	o and of	Lufe -	24 Was disease or lainty in any way related to occuration of deceased?			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I			Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECENT	1915	Attack of epilcpsy	1 week ago	
Chronic interstitiat nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 7-193	July 5,1927	Peritonitis	3 days ago	
	E STRICK V	-		·	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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certificate.

See instructions on back of

TION is very important.

-WRITE

1. PLACE OF DEATH			(92-0)		
County Anne Aru	ndel		Regist	ration Dist. No. 2I	
Village or City Fair			ND.		
			ds. How long in U.S. if of foreign bi	ithrmos.	ds.
***************************************	rvosso Par		- Mard		
(a) Residence: No. Fair	(Usual place o	f abode)	If non	resident give city or town and S	late
PERSONAL AND STAT	ISTICAL PARTIC	CULARS	MEDICAL CERTIFIC	CATE OF DEATH	
d. color or race white		(write the word)	21. DATE OF DEATH May (Month)	30 (Day)	193 2 (Year)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Par	ks		22. I HEREBY CER May 29th ,19.32.	to May 30,	., 19. 32
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Month	April 6th Days I 24	If LESS than 1 day, hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and relat were as follows:	2 _ p m, ted causes of importance	
8. Frade, profession, or particular kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	laborer oysterm	ıan	Aortic regurgitat: Arteriosclerosis	ion and stend	Date of onset) S 1 S
12. BIRTHPLACE (city or town)(State or country)			Dther Contributory Causes of Importance: -Coronary-thrombos:	is	5-28-
13. NAME George 1 14. BIRTHPLACE (city or town) (State or country)		Md.	Name of operation	Date of	
15. MAIDEN NAME unknown 16. BIRTHPLACE (city or town) (State or country)		Md.	What test confirmed diagnosis? 23. If death was due to external causes (VIDL & Accident, suicide, or homicide? Where did injury occur?	ENCE) fill In also the following:	
I.T. INFORMANT Harry G. (Address) P. Das 18. BURIAL, CREMATION, OR REMOVAL Place Magothy	adena, M,.	e Isţ, 32	Specify whether injury occurred in INDUSTR		CE.
19. UNDERTAKER WM. C (Address) Baltimore 20. FILED 5-30, 1992	ook A.a. Q	5 les	24. Was disease or injury in any way related If so, specify (Signed)	Secupation of deceased?	no M. D.
	and the second s	Registrar	(Address) Pagadena	• 777	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PERCENT V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE F	OK FURTHE	KSIAIEMI	ENTS BI P	HISICIAN	
_							

	County Anne Arundel	Registration Dist. No. 21
	Village or City Annapolis	No. 115 King George St., If death occurred in a hospital or institution, give its NAME instead of street and number)
		If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
2	FULL NAME Margaret Popham	
	(a) Residuce: No. 115 King George	St., 1st Ward.
-	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. 5	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
F	emale White OR DIVORCED (write the word) Married	(Month) (Day) , 1983
5a.	If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY, That attended decease
	(or) WIFE of Leonard B. Popham	Melo 2 19 3 2 10 May 25 19
	DATE OF BIRTH (month, day, and year) April 20, 1870	I last saw h La alive on May 30 33 ,19 ; death
7. /	MGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trade, profession, or particular	were as follows: Date Date
NO.	6. Trade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE SAWYER, BOOKKEEPER, etc.	
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
000	10. Date deceased last worked at this occupation (month and year)	
12.	BIRTHPLACE (city or town) Ireland	Other Contributory Causes of importance:
- 1	(State or country)	alleter Selleron
ATHER	13. NAME Robert Holland	
FAT	14. BIRTHPLACE (city or town) Ireland (State or country)	Neme of operation Date of Was there an autopsy
ER	15. MAIDEN NAME Ann Malovel	23. If death was due to externel causes (VIOLENCE) fill in elso the following:
MOTHER	16. BIRTHPLACE (city or town) Ireland (State or country)	Accident, suicide, or homicide? Date of Injury, 1' Where did injury occur?
17.	INFORMANT Mrs. Meekins (Address) 115 King George Street	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL Place St. Anne's Date May 23, 1932	Manner of injury
19.	UNDERTAKER John M. Taylor (Address) Annapolis, Maryland.	24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
80 K.AU V.			
Other contributory causes of importance:		Other contributory causes of importance:	Sale Line
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	F MARILAND	CERTIFICATE OF DEA	IH 00000
		(23)	an a
County W. Q.	1.	Registration (Dist. No.
Village or City Turney	(Cerrico	No death occurred in a hospital or institution, give its NAME	St., Wa
Length of residence in city or town where de			
2. FULL NAME Will	and Wal	ter Reeker	
(a) Residence: No. eturi	eas form	(St., Ward.	
	(Usual place of abode)		give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE	OF DEATH
Nace That	5. SINGLE, MARRIED, WIDOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH	2 / 1 1983 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	u Recker	12. I HEREBY CERTIFY Much 17 19 32 to	Y. That I attended deceased from
C DATE OF DIDTH ()	16.1873	i last saw h Limalive on 9710	727 1932 death is si
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at	P.m.
58 7	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted cause were as follows:	
8. Trade, profession, or particular	A DI		Date of on:
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Cu Dlowl		***************************************
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		Julmmany	0
O 10 Oate deceased last worked et	11. Total time (years)	any	4
this occupation (month and year)	spant in this 4	luter	16
12. BIRTHPLACE (city or town) Dal	truson	Other Caatributary Causes of importance	sis fly
(State or county)	mix		
13. NAME Vaulo	Keeter!		******************
13. NAME NAUMO	Mayor	Name of operation	Date of
(State of country)	me	Whet test confirmed diegnosis?	Was there an autopsy
15. MAIDEN NAME MISTURES	a trouverse	23 If death was due to external causes (VIOL ENCE) fill	in also the following:
16. BIRTHPLACE (city or town) (State or country)	Mundy	Accident, suicide, or homicide?	ate of injury, 19
Mr. M.	- June	Where did injury occur?(Specify city or	town, county and State)
17. INFORMANT	gu / Colly	Specify whether Injury occurred in INDUSTRY, in HOI	ME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	THE	Manner of injury	
Place oudon / ark	Date May 31, 19 3 >	Nature of injury	
19. UNDERTAKER 12 A July (Address)	er o Jones	24. Was disease or injury in any way related to occupa	tion of deceased Coses
0	110	(Signed)	la saul

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:	151 1020	Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	
	1 1			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Di John Algrander

Is Olexander

7-9 P. M.

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4))	PL	onl	F	ery
V. S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
1	E	noi	SI	Z
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STATE OF MARYLAND—CERTIFICATE OF DEATH (150)	131
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1. PLACE OF DEAT	Н			(23)			
County	inna with	nael		Registration Dist. No. 2			
Village or CityC	rownsvi.	le St	ate Rospi		_Ward		
Length of residence in city			yrs 11 (li	death occurred in a hospital or institution, give its NAME instead of street and number			
					ds.		
2. FULL NAME	Ret	tie R	eed				
(a) Residence: No	Bal	timor	e County	Str /LunWard. If nonresident give city or town and State			
PERSONAL AND		V-0-	The second secon	MEDICAL CERTIFICATE OF DEATH			
		SINGLE, MAR	RIED, WIDOWED,	21. DATE OF DEATH			
femole bla	ok		D (write the word)	May 4th 193	2		
5a. If married, widowed, or divorce HUSBAND of	ed	15.1.11	gie	(Month) (Day) (Y	ear)		
HUSBAND of (or) WIFE of				22. I HEREBY CERTIFY, That I attended deceas			
				19 31, to 18 J 4th , 19			
6. DATE OF BIRTH (month, day, 7. AGE Years		191		I last saw h. Sr. elive on May 7th 19 32 eet	is said		
7. AGE Tears	Months	Days	If LESS than	to have occurred on the date stated above, at 6: 1.5Pm. The PRINCIPAL CAUSE OF DEATH and retated causes of importance			
18		mo wn	0rmin.	were as follows:			
8. Trade, profession, or part kind of work done, as SAWYER, BOOKKEEPI	S SPINNER.	lousew	ork	Pulmonary tuberculosis	u ad		
9. Industry or business in	which						
kind of work done, a: SAWYER, BOOKKEEP! 9. Industry or business in work was done, as SII SAW MILL, BANK, etc. 10. Date deceased last work this occupation (month							
- Constant Contract	ed at h end	spa	ime (years) ntin this				
year)		000	upation	Dther Coutributory Causes of importance:			
12. BIRTHPLACE (city or town)		Jland		days find the day day day day day day day day			
(State or country)				-			
13. NAME 14. BIRTHPLACE (city or tow	History.	ned					
14. BIRTHPLACE (city or tow (State or country)	n) liery	land		Name of operation			
	7477	y Det	+	Whet test confirmed diagnosis?			
T			U	23. If death was due to external causes (VIOLENCE) fill in also the following:			
16. BIRTHPLACE (city or tow (State or country)	R)	Tand		Accident, suicide, or homicide?)		
	. 4 % 1			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
48.4	spitel h		<u>S </u>	Specify whether injury occurred in invosticit, in nome, or in Public Place.			
(Address) 18. BURIAT CREMATION OR RE	MDVAL	10,	dy fiena	Manner of injury			
Place	eyelon	Date 9	7 8 7.19	Nature of injury			
19. UNDERTAKER	T. Win	terost	wift.	24. Was disease of injury in any way related to occupation of deceased?			
(Address) Wale	your	3- 2	unds	If so, specify			
20. FILED 3.19 \$19	2 7	TOP	gran.	(Signed 1249 / 1111/2/013	M. D.		
7, 415		JOJ K	Registrar.	(Address) Crown sy 117			
	If more blan	ks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Maryland			

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E	xample I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	317777			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

intimore County admitted May 7th, 1931
Died May 4th, 1932

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Haltimore, Requesting V. S. No. 1.

Date of onset

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Arteriosclerosis	0.00	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	3000	1921	Run over by street car	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
1	FOIGH				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

N. B.

STATE	OF	MARYL	AND-	-CFRTI	FICA	TF (OF	DEATH
SIAIE	UL	MAKIL	MINU	CLIVII				DLAIII

1	100	6	9	2	
U	U	V	()	6	

1. PLACE OF DEATH	
county anne aundel	Registration Dist. No.
0	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredms,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Le Koy & Junn	wys
(a) Residence: No. Gybs Receive (Usual place of abode)	(St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of What 4 193	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw were alive on May b (1932; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at
3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	a cute milh Sufetin, may 5
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	/ 0
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Type Republic (State or country)	
13. NAME LYNY Jummon	
13. NAME SUMY JUNION 14. BIRTHPLACE (city or town) Sypans Clearly (State or country)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mulhe Wornley	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Washingtons (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lever Homes (Address) Ham Cerech mot	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAD Place The Creek Date May 8, 1937	Manner of Injury
19. UNDERTAKEE	24. Was disease or injury in any way related to occupation of deceased?
(Address) Despitas GRAAT.	If so, specify
20. FILED May 1,13 of N. M. Chaylor.	(Signed) / Cult ay X as com. M. D. (Address) which mark mark mark market as market market as ma
The social way	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was deric.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		ME A S and a	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE

V. S. No. 1

6	100	60	03	3	
U	U	V	U	2)	

1. PLACE OF DEATH	(07-a)
County aune annudel	Registration Dist. No. 20
Village or City Harrod. —	ND. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) isds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Joseph Secured.	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Way // th 193 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) aug 22 ud 1931	
7. AGE Years Months Days If LESS than 1 day,hrs	THE I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation.	No Physican in attendance Suppreed to have had Livictor functionica:
12. BIRTHPLACE (city or town) Mary Caul. (State or country)	Other Centributary Causes of importance:
13. NAME Joseph Simus	
13. NAME Joseph Science 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Diana Cregn.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME A CLECK. 16. BIRTHPLACE (city or town) Illury laves. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Joseph Seege (a)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMODAL Q Place Tarms of 1. Nrung Date Way 1,1037	Manner of injury
19. UNDERTAKER Joseph Series. (Address) Harmod Mid.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Wealf
20. FILED May 1 193 W.A. Claylon, Light Registrar.	(Signed) (Address) Plotathias M. M.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
Date of onset	The principa of importance	l cause of death and related causes e were as follows:	Date of onset
1915	Attack of epile	psy	1 week ago
1921	Run over by str	reet_car	1 week ago
July 5,1927	Peritonitis	RECEIVED	3 days ago
	Other contrib	outory causes of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	of importanc 1915 Attack of epile 1921 Run over by str July 5,1927 Peritonitis Other contrib	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street-car July 5,1927 Peritonitis Other contributory causes of importance:

,	

should state

STATE OF MARYLAND—CERTIFICATE OF	DEATH
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6	5 75	7.5	3	3
1 7	0 5	9 9	2 3	7
13	11			100

1. PLACE OF DEATH		(83)	
County Anne Arundel	p	Registration Dist. No. 21	
Village or City Crownsy	Tille State No	spikel st.	Ward
	0	f death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of tesidence In city or town where death	h occurredyrs mo:	s. 18s. How long In U.S. if of foreign hirth? yrsm	osds.
2. FULL NAME ANGE	etus Spinks		
(a) Residence: No	Ord County, 15:	r 61.5 nd Ward. If nonresident give city or town and	1 C
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	Jate
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (write the word)	May 6th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of United N	n	22. I HEREBY CERTIFY, That I attended Feb. 18th 1932 to May 6th	deceased from
6. DATE OF BIRTH (month, day, and year)	1867	I last saw h LTG alive on May 6th 1932	,
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at 4: 15P m.	., death is said
W7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trada, profession, or particular		were as follows: General Paralysis of the	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	Farmer	Insane	?
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc.	1	-	
	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	1
12. BIRTHPLACE (city or town)	ame	Syphilis	
E 13. NAME Tone Toinks			
13. NAME Tone Spinks 14. BIRTHPLACE (city or town)	53	Name of operation	
(State of country)		What test confirmed diagnosis? Was there an a	
15. MAIDEN NAME Cressie (U	inknown)	23. If death was dua to external causes (VIDL ENCE) fill in also the following	
15. MAIDEN NAME Gressie (U	nama	Accident, suicide, or homicide? Date of injury	, 19
∑ (State or country)	\	Where did Injury occur?	
17. INFORMANT HOSpital Nec		(Specify city or town, county and States Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL	,	Manner of injury	
Place St. Lanes lev.	Date May 12 19.32	Natura of injury	n
1/2/20 /- EV	Il dah la	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER AND AND HOLD CO. (Address) 3 (1) MANTH HIGH	Theeps pl	It so, specify	
The state of the s	annales is Me	(Signal) / // / // / // // Story	- 3 M D
20. FILED 1932 1932	G-Tyre Megistrar.	(Address) Cro DS VILLE Menty 181	3
75 11		, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	nd

V. S. No. 1

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Exam	iple I		Example II		
The principal cause of death a of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	100 7 1932	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago	
	RIPEATI V.	331			
		en t			
Other contributory causes of	importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND-CERTIFICATE OF DEATH

:	L. PLACE OF	DEATH						
	County An	ne Arunde				Regist	ration Dist. No.	21
	Village or Ci	ity Johnson	ntow	n		ND. death occurred in a hospital or institution, give its	St.,	Ward
						death occurred in a horpital or institution, give itsds. How long in U.S. if of foreign bit	NAME instead of street and	number)
		WE Baby S						
		ce: No.			of abode)	St., Ward.	resident give city or town an	d State
ettirete	PERSON	AL AND STATIS				MEDICAL CERTIFIC		id Diate
3.	SEX M	4. COLOR OR RACE			RfED, WIDOWED, D (write tha word)	21. DATE OF DEATH	May 16,	, 193 32
5a.	If marriad, widowe HUSBAND of	ed, or divorcad	•			(Month)	(Day)	(Year)
	(or) WIFE of					22. I HEREBY CER		
	DATE OF BIRTH	month, day, and year)	May	16,	1932.	1 last saw h aliva on		
_	AGE Year			Days	If LESS than f day,hrs.	to have occurred on the date stated abova, at. The PRINCIPAL CAUSE OF DEATH and relat	m,	; death is said
7	2 Trade, profes	sion, or particular			01IIIIn.	wera as follows:		Date of onset
101	SAWYER,	ork done, as SPINNER, BODKKEEPER, etc						
UPA	9. Industry or b	ousinass in which done, as SILK MILL, L, BANK, etc				STILLBIRTH		
OCCUPATION	4.0. Date dacease	d last worked at		II. Total t	ime (yaars) nt in this		***************	
		ation (month and		occu	nt in this upation			
12.	BfRTHPLACE (city (State or coun	y or town)	aryla	nd		Dthar Contributory Causes of importance:		
ER	f3. NAME	Columbia	Rich	ard				*********
FATHER	f4. BIRTHPLACE	(cily or town)				Name of operation		
1	(State or	country) Mago	othy.			What tast confirmed diagnosis?		
HER		ME Lillian				23. If daath was due to external causes (VIOLE	NCE) fill in also the following	ıg:
MOTHER	f6. BIRTHPLACE (State or	(city or town) Mag	othy,	Md.		Accident, suicide, or homicide? Whara did injury occur?		
17.	INFORMANT (Address)					(Specify Specify whether injury occurred in INDUSTRY	city or town, county and Sta , in HOME, or in PUBLIC PI	LACE.
f 8.	BURIAL, CREMATI	on, or removal	tanyne.	Ma	y 18,19.32	Mannar of injury		
f9.	UNDERTAKER (Address)	Jerry Ste	ward			24. Was disaasa or injury in any way related to	o occupation of decaasad?	
20.	FILED 6-3	, ₁₉ 32 L.	A.Br	eit,	M. D. Registrar.	(Signad) X. A.	dena.	.R. XX.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago ATRUS Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year FROEIVED

TION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING	B.—WRITE PLAINLY, WITH UNFADING mation should be carefully supplied. AG	. No. 1	•)		REGIN RI	8
	mation should be carefully supplied. AG	-WRITE	PLAINLY,	WITH	UNFADI	CC

1. PLACE OF	STATE C	OF MAF	RYLAND—	CERTIFICATE OF DEATH (5)	135
	Anne Arund	el		Registration Dist. No.	
Village or City	CROWN		State Hos		Ward
2. FULL NAM	α.	oerge T		gs now long in U.S. if of loreign birth?yrsm	osds.
(a) Residence			e City. M	[arstland Ward. If nonresident give city or lown and	State
PERSONA	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
male	black	OR DIVORC	RRIED, WIOOWED, ED (write the word) dowed	21. DATE OF DEATH May 11th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed HUSBANO of (or) WIFE of	or divorced Unknown			22. HEREBY CERTIFY, That lattended March 28th 19 32 to May 11th	
6. DATE OF BIRTH (mi	onth, day, and year)	1882			; death is said
7. AGE Years 50°	Months	known Days	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 5:15Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
	on, or particular k done, as SPINNER, OOKKEEPER, atc	Unknow	n	Cerebral hemorrhage	4 hrs
Oata deceased this occupat		Spi	tima (years) ent in this cupation		-
12. BIRTHPLACE (city of (State or country)		Unknown		Other Contributory Causes of Importance: General arteriosclerbsis	?
13. NAME	Unknown				
13. NAME 14. BIRTHPLACE (c) (State or co)				Name of operation Oate of What tast confirmed diagnosis? Was there an a	autoney?
15. MAIOEN NAME	Unknow	wn		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME 16. BIRTHPLACE (c) (State or co)	,,	known		Accident, sulcide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT(Address)	Hospital Crown vi	Record lle, M	s aryland	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE.
Place	or REMOVAL. A	Co Inc	15,1932	Manner of injury Natura of injury	
19. UNDERTAKER(Addrass)	Churchy	One	vde	24. Was disease or injury in any way related to occupation of daceased?	
20. FILEDUM 1.3	1932 /2	100- 7	7 co mal Registrar.	(Address) POWNS VILL	/3. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
EURDAU V.S.	ą.					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 05036
1. PLACE OF DEATH	(82-a)
County de Go	Registration Dist. No.
Village or City Conopolio	No. 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME LOSSIES B. Tho	mplon.
(a) Residence: No. 923 Mashundon	St Ward.
(Usual place of about)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mes Cef. hurocced.	(Month) (Day) (Year)
5e. If digried, widowed, or divorced HUSBAND of	22 1 HEREBY CERTIFY That t attended deceased from
(or) WIFE of Violette Neemo.	May 4 1932 to May 1/ 1932
6. DATE OF BIRTH (month, day, and year)	I last saw with alive on May 11, 1939; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above of 6:101_m.
59 - 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	6/
ndustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	and men about
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, BANK, etc. 10 Deate deceased last worked at this occupation (month and this percent in this compation of month and this percent in this compation of month and the second in the	5.0.32
this occupation (month and 1920. spent in this 26 1/4	
	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) Consultation (State or country)	New York
II 13. NAME There are Thomas Name.	- January
E / Fromas Allegary	Name of a south
(State or country)	Name of operation
	What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Lubricasi mod	Accident, suicide, or homicide? Date of injury 19
S (State or country)	Where did injury occur?
Elina Witi	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) // of Hassmort and Baltemere ma)
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sure July Car ate May: 15, 1931	Nature of injury
19. UNDERTAKER CAMO Sticks On	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Timasoobs, Md.	If so, specify
20. FILEdway 13 1932 Proje C. For in The	(Signed) Mubone Horring M.D.
Registrar.	(Address linea from Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting No. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		100.0	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIA	TAT
TIDDITIONATH	DI AUIS	T. OIL	I O IV I II I II I	DIALIMETALD	DI	THESTOR	4 1 4

BINDING

RESERVED

MC. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify _____

Place Cedar Hibl Oate May 19th, 32

.Baltimore,

19. UNOERTAKER Chas . Schwaub

Manner of Injury

(Address) Pasadena.

24. Was disease or injury in any way related to occupation of deceased? 10

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	Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5, 1927	Peritonitis	3 days ago		
8				
	Other contributory causes of importance:			
May 1,1923	Gastroenteritis	1 year		
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:		

		٩	4	

S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (5038
1. PLACE OF DEATH	
County T CT	Registration Dist. No.
Village or City Consultation	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2 / 27 0	[a.d.a. 115 \
2. FULL NAME OF THE PARTY OF TH	Duchas as Has 17
(a) Residence No. 239 9 (Usual place of abode)	St., Ward Many 18 18 18 18 18 18 18 18 18 18 18 18 18
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAN 100 193 2 (Year)
Sa. If married, wildowed; o) divorced HUSBANO of (or) WIFE of Mary	22. NI HEREBY CERTIFY. That I attended deceesed from
6. DATE OF BIRTH (month, day and year) Aug 121 27, 1882	Hast saw huy alive on way 17 ,19, 3 death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated above, at 5, 15 A.m.
75750 3 2-6 or	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Z Trade, profession, or particular kind of work done, as SPINNER	A
SAWYER, BOOKKEEPER, etc. August Yhnn	Miles-freuenness (un+) H
work-wes done, es SILK MILL, SAW MILL, BANK, etc.	1
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Oate deceased last worked at this occupation (month and year) 11. Total time (yeers) spent in this occupation	
The second secon	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	100
13. NAME THINK II. I wines.	100,100
13. NAME HUMS 4, June 14. BIRTHPLACE (city or town) Statistic Constitution of	Neme of operation Oate of
(State of Country)	Whet test confirmed diagnosis? Was there an eutopsy? W.
15. MAIDEN NAME & atherine Harfer	23. If deeth wes due to exteroal causes (VIQL ENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide? Date of injury, 19
∑ (Stete or country)	Where did Injury occur?
17. INFORMANT Guena which at at at	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dura Hill Date May 20 , 1972	Nature of injury
19. UNOERTAKER 3. American	24. Was disease or injury in any way related to occupation of deceased? W
20. FICEO My 78, 19 3 9 9 2 e 9 Begistrar.	(Signed) Ulter the delon M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. Mo. 1

should state of OCCENPA.

	1. PLACE OF DEA		F MAR	YLAND—	CERTIFICATE OF DEATH	5039
	County An	ne Aruno	del		Registration Dist. No.	1
	Village or City			(If		Ward number)
	2. FULL NAME	Jef:	frey Ty	ler		
	(a) Residence: No.	Bal	timore, (Usualplace	Maryland of abode)	St., Ward. If nonresident give city or lown and	d State
	PERSONAL AN	D STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
m	nale bla	or or race & ck		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Mey_18th (Month) (Day)	, 193 2 (Year)
58	a. If married, widowed, or diversity of the HUSBAND of Corp wife of	aura Ty	ler		22. I HEREBY CERTIFY. That I attended February 29 18 32 to May 18th	19 32
6.	DATE OF BIRTH (month, da	y, and year)	1871		Hast saw h_ im aliva on May 18th 19 32	; death is said
7.	. AGE Yoars	Months	Days	If LESS than 1 day, hrs.	to have occurred on the data stated above, at 2:10Pm.	
	61.	1	known	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Z	8. Trada, profession, or p kind of work dona,	as SPINNER.	Labore	270	Chronic interstitial	
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	n which SILK MILL, etc		4 Ft. 0 a	nephritis	
000	10. Date deceased last wo this occupation (mo yaar)	rked at onth and	spe	ime (years) nt in this upation		
1	2. BIRTHPLACE (city or town) (State ar country)	Vir	ginia		Other Contributory Causes of importance: General arteriosclerosis	
ER	13. NAME	Jacob Tj	yler			
FATHER	14. BIRTHPLACE (city or to (State or country)	own)Virgin	nia		Name of operation Date of Was thera an	
ER	15. MAIDEN NAME	Seely	(unknow	vn)	23. If death was dua to external causes (VIOL ENCE) fill in also tha followin	
MOTHER	16. BIRTHPLACE (city or to (State or country)	owa)Vi	rginia		Accident, sulcida, or homicida? Date of injury Where did injury occur?	
1		oital Rewnsville		and	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE.
13	8. BURIAL, CREMATION, OR I	REMOVALEUU	class 5	719 32	Manner of injury Nature of injury	
1:	9. UNDERTAKER Example (Addrass) 135.	w. Hen	rua of	Sallo-	24. Was disease or injury in any way related to occupation of deceased).	7 - - - - - - - - - -
2	o. FILED May (9	19.	Je Joyc	Registrar.	(Address) Crawns-vill-	M.D.
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. A. Maryla	nd

CTATE OF MADY AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importation		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

med

STATE OF MARYLAND	CERTIFICATE OF DEATH 100111	
1. PLACE OF DEATH		
County a.a.	Registration Dist. No.	
//	No. St., Ward death occurred in a horpital or inspution, give its NAME instead of street and number)	
	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAME Wago	rev	
(a) Residence: No. 17.3 The Sual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OB RACE OR DIVORCED (worite the word)	21. DATE OF DEATH (Youth) (Year)	
5a. If merried, widowed, or divorced HUSBAND of	22 LUEBERY CERTIEV That Laborated decreased from	
(or) Wife of	1 HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, dey, and year) May 17-193?	Hast saw Wine elive on Trues 17 1932; death is said	
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 12,000 mil.	
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
9 Trade profession or particular	wero as follows:	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Farlus of Clause of	
Adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end spant in this	for amore Ovala 9 lus	
year) occupation	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Com apole o. m.	Other Countributory Causes of Importance.	
(State or country)		
13. NAME Oclas M. Wagner		
14. BIRTHPLACE (city or town) Known Tenn	Name of operation Oate of	
(State of country)	What test confirmed diagnosls? Was there an au'opsy?	
15. MAIDEN NAME Viginia Jewell	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19	
E (State or country) a a le es and	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Victor on wagner	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
(Address) Com apole my		
18. BURIAL, CREMATION, OR REMOVAL Place 18 1932 Date May 18, 1932	Manner of injury	
Place Date 1932	Nature of Injury	
19. UNDERTAKER D I H of frag. (Address) and apolition of the second of t	24. Was disease or Injury in eny way releted to occupation of deceased?	
20. FILEO My 17, 1832 Joseph C. J. C. 20. Registrar.	(Signed) Say L (The M. D. M. D. (Address) and M. D.	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of dear of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	11 JUN / 100	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	1	July 5, 1927	Peritanitis	3 days ago	
	BURTAU			-0	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

1. PLACE OF DEATH

County anne annadel

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Yeer)

20

Registration Dist. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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41		Example II	
Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
1915	Attack of epilepsy	200 V 1832	1 week ago
1921	Run over by street car		1 week ago
July 5,1927	Peritonitis	RECEMEN	3 days ago
	Other contributory of	auses of importance:	
May 1,1923	Gastroenteritis		1 year
	1915 1921 July 5,1927	of importance were 1915 Attack of epitepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory of	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
- Ingran		
4		

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

1. PLACE OF DEATH

County

STATE OF MARYLAND—CERTIFICATE OF DEATH

	Registration Dist. No.	7
4	2. No.43 Uksken Roalst.	Ward
If		umber)
OS.	ds. How long in U.S. if of foraign birth?yrsmo	sds.
1	helo	
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foraign birth?	
-	death occurred in a horpital or institution, give its NAME instead of spect and number) ds. How long in U. S. if of foraign birth?	
_		
	21. DATE OF DEATH	4
	Miles (Mooth) (Day)	(Year)
	22 CINEDERY CERTIFY That I attended of	lacesced from
		1932
	11. (147)	doath le cald
-	1 Fund	, 400111 13 3414
	// - // -	
-	were of follows:	Date of onset
		162
	agenta averi	1730
-	Other Cantributery Course of Importance :	
	Corner Thembris.	Turnela
	V	
	Name of operation Dete of	
		1'opsy? ho
	Where did injury occur?	
	(Specify city or town, county and State) CF
	Manner of injury	
	- "No.".	
		m
- 1	11/2/1/1/2	M. D.
1	(Address) Ulumplus Wy	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every in mation should be cirefully supplied. AGE should be stated EXACTLY. PHYSICIANS Exact statement CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED

V. S. No. 1

item of inforshould state of OCCUPA.

STATE OF	MARYLAND—CERTIFICATE OF DEATH	05043

1. PLACE OF DEATH Anne Arunde	1		(83)	1
Village or City Crown Langth of rasidence In city or town where or			Registration Dist. No. St., I death occurred in a hospital or institution, give its NAME instead of street and Tos. How long in U.S. if of foreign birth? yrs. m	Ward
2. FULL NAME Mary	William	8		
		Ly Ilaryl	Ward. If nonresident give eity or town and	I State
PERSONAL AND STATIST		The second secon	MEDICAL CERTIFICATE OF DEATH	
3. SEX female black	5. SINGLE, MAR OR DIVORCE Se pai	RED, WIDOWED, D (write the word)	21. DATE OF DEATH May 25th (Month) (Day)	, 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown			22. HEREBY CERTIFY, That attended April 8th 1932 to May 25th	(1327)
6. DATE OF BIRTH (month, day, and year)	1872			; death is sald
7. AGE Years Months	Days	If LESS than I day, hrs. ormin.	to have occurred on the date stated above, at 2 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc HOUSEWORK 9. Adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			General Paralysis of the Insane	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Idustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year)	11. Total t	ime (years) nt in this upation		-
12. BIRTHPLACE (city or town) Marylan (State ar country)	nd		Other Coutributory Causes of Importance: Syphilis	?
13. NAM acob Bradford				
13. NAME COD Bradford 14. BIRTHPLACE (city or town)	eryland		Name of operation Date of What test confirmed diagnosis? Was there an	
15. MAIDEN NAME Mary Jai	ne Barn	es	23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Mary Jai 16. BIRTHPLACE (city or town) Mar (State or country)	/land		Accidant, suicide, or homicide? Date of injury Date of injury	
17. INFORMANT HO Spital Red (Address)	ords		(Specify city or town, eounty and Sta Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cash' Chops	Date M	y50 ,1932	Manner of injury	
19. UNDERTAKER Degn Y	sho m	<u> </u>	24. Was disease ar injury in any way related to occupation of deceased? If so, specify	
20. FILED May 26, 32 280	Joyer	L. Registrar.	(Signed) (Address) OWNSVILLE	20 3m. 0
If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	d

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mede of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

xample I	- Carrier	Example II	
th and related tauses	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11 N 77 1000	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
BUREAU V.	July5,1927	Peritonitis	3 days ago
of importance:		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
	ath and related fauses ows: JUN 7 1997 EURKAU V	of importance:	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street ear July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Ą

V. S. No. 1

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every tem of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
Z	-	1	

	CERTIFICATE OF DEATH 05044		
1. PLACE OF DEATH County anne arundel	20		
1	Registration Dist. No.		
Things of Oily	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)		
Langth of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Maggie Wilso	n		
(a) Residence: No. Usual place of abide)	St, Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the, word) 5a. 1f tharried, widowad, or divorced	21. DATE OF DEATH May 25, 193 32. (Month) (Day) (Year)		
HUSBAND of Cor) WIFE of Thomas Wilson	22. HEREBY CERTIFY, That I attanded deceased from 1930, to may 25, 1932		
6. DATE OF BIRTH (month, day, and year) 20-15, 1890	I last saw h . Ld alive on		
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the date stated above, et		
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Pulsamany Tubularia Date of one		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 110. Date deceased last worked at this occupation (month and			
11. Total time (yaars) this occupation (month and year)			
12. BIRTHPLACE (city or town) anne annale County (State or country)	Other Contributory Causes of Importance:		
13. NAME Charles Sollies			
13. NAME Charles follies 14. BIRTHPLACE (city or town) Q · Q · Courty (Stata or country)	Name of operation Date of Was thara an aulopsy?		
15. MAIDEN NAME martha Heard.	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME halla Heard. 16. BIRTHPLACE (city or town) A. a. Lourth (State or country)	Accidant, suicide, or homicide?		
17. INFORMANT Augustand (Address)	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL PLACE May 29, 1932	Manner of Injury		
19. UNDERTAKER SULLA CLUSTER A DC.	24. Was disaase or injury in any way related to occupation of dacaesad?		
20. FILED May 7 /13 7 VM. May los.	(Signed) Emily L. hilson M. D. (Address) Lothuran, had		
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis -	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
JUN 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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